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SWITZERLAND HARD HIT BY INFLUENZA.

Official reports just received from Switzerland show that the pandemic of influenza affected about 700,000 out of that country's population of 4,000,000. This is 17.5 per cent. The sudden rise of the pandemic is well shown by the following monthly totals of cases reported during 1918:

January.....	2	July.....	53,698
February.....	4	August.....	41,626
March.....	6	September.....	41,642
April.....	13	October.....	263,399
May.....	3	November.....	159,422
June.....	6	December.....	104,612

Here we see again, as was the case in England,¹ two distinct waves; one with its crest in July, the other with the crest in October. The occurrence of these waves in practically all parts of the world where the pandemic prevailed is most puzzling. It is difficult to conceive of any external, i. e., environmental, influence acting so uniformly throughout the world, and that the virus should everywhere show these peculiar variations in infectivity and virulence is certainly most remarkable.

THE NEW SCIENCE OF INDUSTRIAL PHYSIOLOGY.

By FREDERIC S. LEE, Ph. D., LL. D., Professor of Physiology in Columbia University; Consulting Physiologist to the United States Public Health Service; Chairman of the Committee on Fatigue in Industrial Pursuits of the National Research Council.

In surveying the extraordinary growth of industry during recent decades one can not fail to be struck by its many-sided aspects, the diversity of its problems, and the variety of human intellects that have been called upon to solve the problems. Industry is not simply an affair of employer and employee; it has its manufacturing aspects, its economic aspects, its engineering aspects, its medical aspects, its chemical aspects, its human aspects, and its efficiency

¹Public Health Reports, Apr. 4, 1919, pp. 683 and 684.

aspects. Quite recently its aspects of efficiency have risen into great prominence, and it has come to be recognized by all concerned that industrial success is dependent in large measure on the efficiency of the labor element. What has been called scientific management and efficiency engineering has accomplished something in promoting industrial efficiency—this must be acknowledged even by its opponents—but a critical analysis of the conventional scientific management reveals its shortcomings and its inability to go very far in eliminating the great problem of inefficiency.

The fact must be recognized that in the body of the worker, with its combination of living organs and tissues, undergoing chemical reactions and transforming energy under the direction of a nervous system, we have a very intricate mechanism, upon the proper working of which depend in large degree industrial efficiency and, through it, industrial success. This act began to be perceived many years ago through the publication of various isolated studies and finally of Miss Goldmark's prophetic "Fatigue and Efficiency." But the period of the war, with its extraordinary call upon human energies in the field of industry, has emphasized as never before the hygienic, or more properly speaking, the physiological aspects of industrial activity, and during the past four years the beginnings of a new science, an industrial physiology, have appeared and attracted the attention of scientific men and the more sagacious of industrial leaders.

I have called this new science "Industrial physiology," because this term seems to me to be the most appropriate single term to use in discussing this new phase of the application of scientific method to the solution of human problems. By it I mean to designate the sum of knowledge pertaining to the working of the human mechanism in industrial activity, and it thus includes psychological phenomena as well as those more technically recognized as physiological.

Industrial physiology has two objects: First, the more purely scientific one of learning how the industrial worker actually performs his work and what the conditions are under which he can work most efficiently and can produce the largest output while at the same time maintaining his body in health and in the best working condition; and secondly, the more practical object of establishing in the factories the conditions which conduce at the same time to the maximum output and the maintenance of the maximum power of the worker. The former of these two objects is now being achieved; the latter will be achieved when it becomes clear to both employers and workers that it is to the advantage of both that industrial work be organized on a really intelligent basis and not, as heretofore, on a basis of ignorance of how the worker can do his best.

The methods by which industrial physiology is being developed are the recognized methods of all scientific investigation, namely, observation and experiment. The investigations are carried on chiefly in the factories, the workers being used as the subjects and under their actual working conditions, these conditions being changed when it is desired to compare the efficiency of one set of conditions with that of another. Exact measurements of output are made, and, where it is possible, exact tests of the physiological effects of the work are employed. Every effort is made to procure exact data and utilize these as a basis for forming conclusions, rather than to rely upon mere opinion and preconceived notions.

Some of the topics that have been or are being investigated, and some of the results, are the following:

Certain physiological and psychological tests have been employed with workers, and it appears practicable to employ some of these tests in selecting workers and assigning them to their jobs.

The output of the successive hours of the working day in different types of operations has been measured, and the daily curves of the output have been plotted. These vary with the kind of operation, but are alike in showing a reduced efficiency, indicating a growing fatigue, as the day proceeds.

Reduction in the length of the working day is characterized by an increase in the output of the successive hours and usually by a total increase in that of the day. The optimum duration of work probably varies with the character of the work itself.

The introduction of resting periods in the working spell is accompanied, especially where the working day is long, by a total increase in the day's production. A five-hour working spell, unbroken by resting periods, is probably always too long.

Overtime following a day of labor is inadvisable, as is also Sunday work following a week's labor. These tend to impair the working power of the worker.

A hot day tends to impair strength and reduce output. Every effort should be made to keep the body of the worker cool.

Night work is, in general, less efficient than day work. Its total output is less, and this, with a long working night, falls off enormously in the early morning hours. Alternation of periods of night work with periods of day work is more profitable than continuous night work.

Women are capable of performing a much greater variety of industrial operations than has heretofore been recognized. They should not be employed for night work. Statistics show that they are absent from their work more frequently than men. The problem of women as compared with men in industry is not that of their

greater or less general efficiency, but rather a problem of what types of work each sex is best fitted for.

Accidents to workers are a grave source of inefficiency. They are caused by fatigue, inexperience, speed of working, insufficient lighting, high temperature, and other factors. Many industrial accidents are preventable, and adequate provisions for first-aid measures tend to diminish the seriousness of accidents.

Food and efficiency are directly connected with one another, and suitable and adequate food can probably be best provided through the establishment of industrial canteens.

A high labor turnover is incompatible with the highest degree of efficiency. It is expensive, in that it imposes upon the employer the necessity of training new workers, and it is a serious factor in the causation of accidents.

Physiological analyses of certain operations have been made, by means of the cinematograph and other methods, and it has been found possible to eliminate unnecessary motions and to train workers so as to secure a more regular rhythm, such measures increasing efficiency.

The self-limitation of work on the part of workers has been studied and found to be very common. Every legitimate effort should be employed by foremen and managers to eliminate this and to induce workers to work up to their physiological capacity. Driving workers beyond their physiological capacity defeats its own ends.

Such topics as the above and others likewise bearing on efficiency have been studied extensively during the past three years in both England and America. In England the Health of Munition Workers Committee carried on a series of investigations from 1915 to 1918, and have published their data in a series of 23 valuable reports. The circulation of these reports has been large, over 210,000 copies being distributed, and the committee's recommendations have been widely accepted. The committee has now ceased to exist, but its investigations are being continued actively by a new body, the Industrial Fatigue Research Board, which has been appointed jointly by the Department of Scientific and Industrial Research and the Medical Research Committee. The functions of this new board are "to consider and investigate the relations of the hours of labor and other conditions of employment, including methods of work, to the production of fatigue, having regard both to industrial efficiency and to the preservation of health among the workers." The board has as its chairman Prof. Sherrington, F.R.S., of Oxford, and its members comprise such well-known men as Sir Walter Fletcher, F.R.S., secretary of the Medical Research Committee; Col. Myers, F.R.S., director of the psychological laboratory of Cambridge; Dr. Collis, head of the welfare and health section of the ministry of munitions;

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Dr. Legge, of the Home Office; representatives of two of the leading industrial establishments of England; and others. The board has formulated an ambitious and far-reaching plan for its future investigations, and is considering a suggestion to send soon to America several representatives to inspect the leading factories, to study the conditions of labor, and to learn what is being done here in the direction of placing industry on a more scientific basis.

In America during the past 18 months the Public Health Service, with the cooperation of the committees on fatigue in industrial pursuits and on industrial fatigue, of the National Research Council and the Council of National Defense, respectively, has been conducting a fruitful investigation of a variety of topics within the scope of industrial physiology, and its report will soon be ready for publication.

During a recent visit to England and France in the interests of the Public Health Service the writer was privileged to confer with the members of the Industrial Fatigue Research Board and to take part in its deliberations. He was much impressed with the highly scientific character of the board's work and aims, and the earnestness of its determination to make a broad and searching study of the physiological aspects of industrial work. He was able to establish relations of intimate and cordial cooperation between the board and the United States Public Health Service. In France a similar sympathetic spirit of international amity was found among several of the leading scientific men, and it is probable that a center for a similar type of scientific investigation will soon be established there. The Marey Institute of Paris, under the directorship of Prof. Richet and the sub-directorship of Dr. Bull, had already outlined such a research just before the war put a stop to the realization of the institute's plans and turned its activities into other urgent war channels.

While this work is thus progressing in the three countries that are of leading industrial importance the universities are not inactive. In England, Prof. Stanley Kent, who has been carrying on an independent investigation of some phases of industrial fatigue during the past three years, has been called from his chair of physiology in Bristol to become the director of a new Department of Industrial Administration in the Municipal Technical College of Victoria University, Manchester. In this position he will find a rich field for research in the important industrial establishments situated in Manchester and vicinity. In our own country, Harvard University, through the foresight and generosity of a group of manufacturers, has been enabled to establish courses of instruction and opportunities for investigation in the medical, physiological, and sanitary aspects of industry; and similar activities are expected from the School of Hygiene and Public Health recently established in Johns Hopkins University.

With the ending of the war the problems of industry press for solution more earnestly than ever, and one of the most timely of these problems concerns the physiological aspects of the work of the human machine. Upon us in America, where industry is destined to lead the world, there is imposed a grave duty—that of directing investigation along such lines that empiricism and tradition, those two obstacles to progress which have long been potent in industrial evolution, shall be cast out and industry shall be placed permanently upon a scientific basis.

REST PERIODS FOR INDUSTRIAL WORKERS.

Written as it is from the standpoint of the manufacturer, and considering mainly, therefore, questions of output, of administration, and of labor turn-over, the report just issued by the National Industrial Conference Board, entitled "Rest Periods for Industrial Workers," constitutes an interesting addition to the literature on rest periods and fatigue.¹

The report published by the National Industrial Conference Board is based on a study carried on chiefly by means of a schedule of inquiry sent to 388 employers reported to have made experiments with rest periods. Of these, 104 reported that they had tried regular rest periods; 129 stated that they had made no experiments with rest periods; and no replies were received from the remaining 155 establishments, presumably in most instances because they had no experience to report.

Following are the principal conclusions expressed in the board's report:

"From the evidence presented it is obvious that all workers require pauses for rest or relaxation through change of position, but in many occupations the nature of the work itself allows such relief. A decision whether fixed rest periods will be more beneficial than unregulated pauses is best reached after a plant survey and time study of each occupation. The tendency to allow rest periods to women, even though they may not be granted to men, is a precaution on the safe side, but the type of work is a more fundamental consideration than the sex of the worker. Rest periods may be advantageous for both men and women in some occupations, while unnecessary for both in others.

"The experience assembled in this report indicates that rest periods have been found especially advantageous for workers on repetitive tasks demanding constant and close application. Hence the tendency of modern manufacturing to greater standardization and the increased use of automatic machinery make the problem of regular rest periods one of increasing significance to employers. Regular rest pauses based on experimental observation have also proved

¹ Research Report No. 13, published by the National Industrial Conference Board, 15 Beacon Street, Boston, Mass.

valuable in heavy work and in work requiring constant standing or sitting. Other advantages of regular rest periods are the elimination of time waste, by putting a stop to irregular pauses, improvement of discipline, and the cultivation of regular habits among employees with respect to lunches, water drinking, and the use of toilets.

"As a rule, rest periods are from 5 to 15 minutes in length and usually two in number—one in the middle of the forenoon and one in the middle of the afternoon—a 10-minute pause being the most common period. Careful studies in some establishments, however, indicate that from the standpoint of production brief pauses at frequent intervals may secure better results than longer and less frequent recesses. The length and distribution of rest periods may be adapted to occupational and individual variations.

"No direct influence on the frequency of accidents was reported, but decrease in fatigue and improvement of general health were commonly noted in replies of employers. Evidence drawn from British experience and from the work of time-study experts demonstrates increase of output in specific cases after the introduction of rest periods. Where an increase in output did not occur, it was frequently reported that no decrease was detected. Many reports indicated an improvement in quality of work, especially where the task required concentrated attention. Rest periods had no apparent relation to labor turnover.

"While rest periods may be a valuable supplementary means for the removal of fatigue, the fundamental means for its prevention are the provision of suitable working conditions, such as proper lighting, heating, ventilation, installation of labor-saving devices, and the adaptation of the equipment to the worker.

* * * * *

"Except where pauses inherent in the nature of the work seemed to make regular rest periods superfluous, objections of employers usually referred to details of discipline.

"The attitude of employees toward rest periods was apparently somewhat dependent upon the tact and skill of the management. Pieceworkers were inclined to work through the pauses if permitted. While, often, employees would prefer a shorter working day instead of the time allowed for rest periods, this attitude was by no means universal.

"Epitomizing the experience herein reviewed, it is clearly indicated that for certain occupations a short recess in the work spell may be desirable from the standpoint of health, and that it may be made advantageous from the standpoint of production. In other occupations, however, the nature of the work affords such opportunity for relaxation that regular rest periods are not required. Their desirability and their practical utility are largely determined by the particular type of work, the composition of the work force, the length of the work spell, and the special operating conditions in the individual establishment."

THE STUDY OF INDUSTRIAL FATIGUE IN ENGLAND.¹

An industrial fatigue research board has been formed in England. This work was begun by the health of munition workers' committee of the Ministry of Munitions, appointed in 1915. That committee was dissolved at the beginning of 1918 and issued its final report in May. The excellence of its work led to a wish that an arrangement could be made for its maintenance on a permanent footing. The department of scientific and industrial research and the medical research committee accordingly determined to establish a permanent organization and contribute the necessary financial aid in due proportion. This proposal won the approval of the home office. The industrial fatigue research board was, therefore, established a short time ago and has now been completed. It will continue the organizing functions of the two bodies financing it and the investigations already in progress.

The board is instructed "to consider and investigate the relations of hours of labor and other conditions of employment, including methods of work, to the production of fatigue, having regard both to industrial efficiency and to the preservation of health among the workers." The board will initiate organization and promote by research, grants, or otherwise investigations in different industries, with a view to finding the most favorable hours of labor, spells of work, rest pauses, and other conditions applicable to the various processes according to the nature of the work and its demands on the workers. For these investigations the board looks forward to receiving the help of the employers and workmen in the industries which are studied, and in appropriate cases representatives of both will be invited to serve as temporary members of the board.

The board is composed as follows:

Dr. C. S. Sherrington, F. R. S., professor of physiology in the University of Oxford, chairman.

Dr. E. L. Collis, director of welfare and health, Ministry of Munitions.

Sir Walter Fletcher, M. D., F. R. S., secretary medical research committee.

Mr. W. L. Hichens, chairman of Messrs. Cammell, Laird & Co. (Ltd.).

Mr. Edward Hopkinson, D. Sc., director of Messrs. Mather & Platt, Manchester.

Mr. Kenneth Lee, director of Messrs. Tootal, Broadhurst Lee Co. (Ltd.).

Dr. T. M. Legge, C. B. E., H. M. medical inspector of factories.

C. S. Myers, M. D., F. R. S., director of the psychological laboratory, Cambridge.

Mr. R. R. Bannatyne, assessor representing the home office.

Mr. D. R. Wilson, H. M. inspector of factories, secretary.

¹From "The study of industrial fatigue" in the British Medical Journal, Dec. 28, 1918, p. 726.

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MEMORANDUM ON STUDIES OF INDUSTRIAL FATIGUE.

When war was declared by this country, a committee on industrial fatigue was appointed by the advisory commission on labor of the Council of National Defense. This committee consisted of the following membership:

Thomas Darlington, chairman, secretary welfare committee, American Iron and Steel Institute.

Frederic S. Lee, executive secretary, professor of physiology, Columbia University; consulting physiologist, Public Health Service.

Robert E. Chaddock, associate professor of statistics, Columbia University.

Raymond Dodge, professor of psychology, Wesleyan University.

David L. Edsall, professor of clinical medicine, Harvard Medical School.

P. Sargent Florence, organizing secretary of the fatigue committee of the British Association for the Advancement of Science.

Josephine Goldmark, publication secretary, National Consumer's League.

Ernest G. Martin, professor of physiology, Leland Stanford University; scientific assistant (physiologist), Public Health Service.

J. W. Schereschewsky, surgeon, in charge of investigations of occupational diseases, Public Health Service.

Ernest L. Scott, associate in physiology, Columbia University; captain, Sanitary Corps, United States Army.

The representative of the Public Health Service on this committee was Surg. J. W. Schereschewsky. The committee immediately determined to investigate the relation of overfatigue to production of war materials in this country, and requested the Public Health Service to furnish the necessary funds and personnel to make these studies. In accordance with this request, work was immediately begun by the Public Health Service on July 17, 1917, under the immediate direction of Prof. Frederic S. Lee, a member of the committee who was created a consultant of the Public Health Service.

Work is still being continued by the service under the direction of Prof. Lee, assisted by the following consultants and members of the Public Health Service:

P. Sargent Florence, supervising field investigator.

Josephine Goldmark, special expert.

A. H. Ryan, scientific assistant.

Ernest G. Martin, physiologist.

Mary D. Hopkins, scientific assistant.

Albert B. Hastings, assistant sanitary chemist.

Ella C. Boyer, scientific assistant.

T. V. Broenahan, scientific assistant.

Genevieve Brown, scientific assistant.

Hazel Darrow, scientific assistant.

Louise C. Eisenhardt, scientific assistant.

Elsie M. Frank, scientific assistant.

E. M. Martin, scientific assistant.

Elsie F. Smith, scientific assistant.

A. B. Yates, scientific assistant.

H. J. Ziegler, scientific assistant.

SOME OBSERVATIONS ON MENTAL DEFECTIVENESS AND MENTAL RETARDATION AMONG CHILDREN.

By WALTER L. TREADWAY, Passed Assistant Surgeon, United States Public Health Service.

The popularity and simplicity of certain formal psychological tests has led some to rely implicitly on them for diagnosing the condition known as feeble-mindedness. By such a method an artificial standard has been fixed whereby an individual grading below a certain point has been classified as feeble-minded and above such a point as normal. In fact, however, at least among children, no distinct demarcation exists between the so-called higher types of feeble-mindedness on the one hand and normal mentality on the other. Nature's method is one of gradation; shading, as it were, all her activities from one complexion to another. Moreover, the routine application of the formal psychological tests by untrained persons may readily lead to serious mistakes by classifying as feeble-minded, children whose mental development has merely been retarded.

Binet¹ and Simon, in discussing the psychology of the feeble-minded child, point out that he does not resemble a normal child whose mental development is simply retarded. In the case of the former, they say, the retardation has not been uniform, showing as an end result a greater development of intelligence in some respects than in others. Binet and Simon, therefore, conclude that the mental equipment of the feeble-minded lacks equilibrium or proper balance. They also state that feeble-minded children, while they resemble, by reason of retarded intellect, much younger normal children, show defects of reasoning, understanding, and imagination which do not appear in the latter. These authors are of the opinion that the mental powers of the feeble-minded child show individual peculiarities of a pathological kind.

Howe claimed that mental defectives resemble the insane in that they both show intellectual or moral degradation or a combination of the two. Hoffbauer thought this was true in the case of the higher grade mental defectives, because he considered that their powers of judgment were clouded with evil and because they had passionate attacks of anger. It appears that a number of classifications have been devised which confound insanity and mental deficiency. This confusion is partly explained by the fact that certain peculiarities of make-up or affective reactions which put the individuals out of harmony with their environment show a more or less low grade of intelligence when an intelligence scale or other psychological test for grading of intelligence is applied. The relationship, therefore, between the higher grade feeble-minded and

¹ Binet and Simon, "Mentally Defective Children." Authorized translation by W. B. Drummond. Published by Edw. Arnold, 1911.

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the insane is closer than it would first appear to those unacquainted with psychiatric problems.

There has long been an insistent demand on the part of psychiatrists that the facts be faced and that the existence of a borderland group which bridges the gap between a condition of feeble-mindedness and normality be recognized. Among this borderland group are certain individuals whose constitutional make-up is so badly adjusted to the demands of society that it brings them within the purview of the criminal code or leads to conflict with certain conventional standards. Among medical men, and especially those experienced in the care, treatment, and management of the insane, it has long been recognized that a number of these borderland cases become insane in after life or are classed as so-called criminals whose paths may eventually lead to hospitals for the insane. This "psychopathic twilight zone" between feeble-mindedness and insanity on the one hand and normality on the other is, after all, spanned by a bridge of few arches. The understanding of them constitutes one of the many problems in mental hygiene and is a problem best to be solved by one having a knowledge of clinical psychiatry. Psychiatric knowledge is, therefore, to be regarded as an essential requisite for one who would diagnose the higher types of feeble-mindedness. But this is not all. The work demands, in addition, sound medical knowledge.

A number of years' experience in the mental examination of American school children has revealed the fact that inanition and auditory defects retard proper mental development. Disorders of the nose and throat that induce inflammatory diseases of the middle ear also act indirectly as a cause of mental retardation. Those who deal with educational problems should therefore appreciate the fact that reliance can not be placed upon formal, psychological tests for diagnosing the higher grade cases. In this connection it may be stated that the Binet-Simon scale for grading intelligence (or its many modifications which have so many points in common) are fairly reliable for the purpose intended—the grading of intelligence. Moreover, although many things besides mental defectiveness modify the results of these tests, this is not a fault of the tests.

The application of these tests to a large group of American school children living under varying social and economic conditions has shown that many normal children—normal from the standpoint of school work—grade either one year in advance or one year behind their chronological age. Thus, it was found that the 6, 7, 8, and 9 year old children graded either regular, one year advanced, or one year retarded. In the case of children 10, 11, and 12 years old, chronologically, large numbers graded either regular, one year advanced, or one or two years retarded. The 14, 15, and 16 year old

children graded largely within the limits of 11 and 15 years, mentally, and those of 17 to 20 years of age graded from 12 to adult.

The grading of children by these tests gives one, for educational purposes, and in a comparatively short time, an insight into their mental capacity. The results, moreover, are usually correct to within one year. To obtain similar results by observation methods usually requires a much longer period of time. It may therefore be concluded that the Binet-Simon scale is a desirable adjunct in the rapid classification of the intelligence of a group of individuals for pedagogical reasons and that it fulfills the need for which it was intended.

The results of an intensive study conducted by the United States Public Health Service of 2,185 rural school children indicate that the limits of normal intelligence, as shown by grading with the Binet-Simon scale, become wider as the higher chronological ages are reached. With the approach of adolescence the mental equipment becomes more complex and is less accurately measured by an arbitrary scale than it is in early childhood. Thus it is found that children of 6 years who are 4, mentally, of 7 who are 5, of 8 who 5 or 6, of 9 who are 6 or 7, of 10 who are 6 or 7, of 11 who are 7 or 8, of 12 or 13 who are 8 or 9, of 14 or 15 who are 9 or 10, of 16 who are 10, of 17 to 20 who are 11, are classified as retarded children and are considered as a borderland feeble-minded group. Below this group are the definitely feeble-minded whose mental development will never be greater than that of a child.

In this connection it is important to consider the age of the individual graded and to bear in mind the rate of mental progress which attends the different periods of life. Unfortunately there is at present no accurate means of measuring the rate of mental progress. It is well known, however, that the rate is rapid for the first few years of life, but becomes slower as maturity is approached. The difference in the mental development of a normal 2-year-old child and one 3 years old is readily recognized. This difference becomes difficult to note between the ages of 6 and 7, and between 11 and 12 years of age the recognition of mental differences by ordinary observation is quite impossible. Mental development during any one-year period does not represent accurately a unit of mental growth, because the older the child the less is the rate of mental development and the less noticeable is the retardation in any one-year age period.

Moreover, retardation in very young children presents two possibilities. In the first place, when conditions are favorable owing to the greater number of years intervening before maturity, these children eventually may attain normal mental development. On the other hand, when conditions are unfavorable, retardation may accumulate and become increasingly evident with advancing age.

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In consequence, the ultimate mental development of young children thus classified can not be foretold.

The problem is not so complex, however, in the case of adults or individuals who have reached a chronological age at which the rate of mental development is slower. Retardation below a certain point can not be overcome in the short time intervening before maturity at the slower rate of development, and the mental status in these cases may be determined with a fair degree of certainty.

In attempting to decide whether or not a given case of retarded mental development is feeble-minded, inquiry is usually made as to possible hereditary influences. Heredity, no doubt, plays a part as a cause of mental retardation, but exactly how this operates is not at present clearly understood. In some of these individuals it may be found that one or more of the antecedents are insane, feeble-minded, epileptic, nervous, criminal, addicted to alcohol or drugs, or that they manifest other less marked, antisocial tendencies. On the other hand, a number of the antecedents may be found to be intellectually brilliant and to be playing an important part in shaping the progressive activities of a community. Moreover, it is not uncommon to find that one or more brothers or sisters of these retarded cases are either mentally retarded or very brilliant; in the latter case bordering on genius. Unfavorable heredity, therefore, is not sufficiently understood to draw conclusions as to whether or not these retarded cases are definitely feeble-minded. It is a factor, however, and the person with such heredity should be regarded as possessing the so-called "neuropathic taint."

A number of those with this so-called neuropathic predisposition have been agitators of reforms that were considered irregular or far in advance of their time. Many of them appear to follow the by-paths of thought and seem to have a genius for looking at things in a different manner from that in which those untainted by such heredity look. In consequence they have left behind them gems in literature, music, and art, and have led and advocated social reforms that changed the moral conduct of man, and exercised good influences over his activities and thoughts. However, before conclusions can be reached in regard to the eventual mental outcome of the borderland cases, study and observation are necessary. It is already known that, among individuals who are classed as borderland cases, there are some in whom faulty habits of training are responsible for mental retardation. Environment also plays a part in its production, but how much and in what way it operates are not well understood. One need but turn to the history of democracy to find it replete with great men and women who have come from what is regarded as untoward environments. Limited educational opportunities also

play a part in the failure of certain individuals to score a high mark when graded by formal psychological tests. These are the cases that have been classed as "dull but not tainted."

Therefore, before a mentally retarded individual is definitely diagnosed as feeble-minded, it is necessary to learn something of his total mental make-up. This should include, besides a knowledge of his heredity, environment, and educational opportunities, an examination of his grasp of general and school knowledge, his efforts or energy output, and, in fact, an understanding of his whole personality and developmental history, physical as well as mental. Such a knowledge is also important from the standpoint of understanding traits of character that are potentially good or bad for adaptation to the more or less complex situations of life. Moreover, it permits the adoption of suitable training methods to develop the desirable traits and to restrain or overshadow the undesirable ones.

During the past few years earnest efforts have been expended in the study of these traits of character, efforts which have pointed the way to a better understanding of the borderland cases. When this knowledge has become perfected the psychopathic twilight zone will have been traversed and mental hygiene will come to occupy an enviable position in preventive medicine.

MANUAL OF MENTAL EXAMINATION OF ALIENS.

Those concerned with the problems presented by mental disease, and that should include health officers throughout the United States, will be interested in learning how the Public Health Service guards against the immigration of aliens suffering from mental disease or mental defect. The method of examination and the various procedures by which this undesirable class of prospective immigrants is excluded are well described in a "Manual of the Mental Examination of Aliens," prepared under the direction of the Surgeon General and just published by the Public Health Service. Health officers will do well to ponder the following paragraph taken from this manual, summarizing as it does the chief reasons for regarding mental hygiene as an important public health activity:

Of all the serious problems in the field of public health activity, that of the mental examination of arriving aliens is one of the most important, and the detection of the insane and the mentally defective among arriving aliens and the prevention of their entry has a value that, from the standpoint of national welfare, can hardly be overestimated. Physical disability may give rise to dependency, but with the death of the individual the Nation is relieved of the burden. In the case of the insane or mentally defective there is imposed a burden which tends to perpetuate itself. Each mental defective may become the progenitor of a line of paupers, vagrants, criminals, or insane persons which will terminate only with the extinction of the race. Were

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the expense to be purely financial it would be deplorable enough, but to the cost in dollars and cents must be added the ever-present moral degeneracy and its pernicious influence upon society.

The manual contains 112 pages and gives practical instruction to guide inexperienced medical officers in the application of their knowledge of mental disease and defects. Copies may be obtained by writing to the Surgeon General, United States Public Health Service, Washington, D. C.

COOPERATION OF PHYSICIANS IN VENEREAL DISEASE CONTROL WORK.

The Venereal Disease Division of the Public Health Service has, in addition to its propaganda among druggists as mentioned in Public Health Reports of April 4, also circularized physicians with pledge cards. Agreement cards containing the following pledges were mailed to 131,830 physicians in the United States:

"1. To report my venereal disease cases in accordance with the laws and board of health regulations of my State.

"2. To secure prompt treatment for all venereal cases that come to me, either treating them myself or referring them to a clinic or physician known by me to be competent in the treatment of such cases.

"3. Not to dispense medicines which I prescribe in venereal cases, except when they can not be obtained from a drug store; and not to recommend, prescribe, or sell any proprietary remedy marketed for the self-treatment of venereal disease.

"4. To give to every venereal disease patient a circular of instructions, a supply of which is to be furnished me free of charge by the United States Public Health Service or my State board of health."

By March 15, 50,271 cards signed by physicians had been returned to the bureau and large numbers are being received each day. The revised Manual for Treatment of Venereal Diseases will be sent to each physician signing the card, either by the State board of health or by the Public Health Service. The success of the entire venereal disease control program depends almost entirely upon the support that is given to it by the physicians of the country. The signed cards of physicians will likewise be turned over to the State health officers, so that the venereal disease control program in each State may be carried on by the proper local authorities.

The Public Health Service is endeavoring to decentralize this work as much as possible and have the State and local health authorities assume the leadership, supervision, and responsibility for the work in their respective districts.

DEATHS DURING WEEK ENDED MARCH 29, 1919, IN CITIES.

The following table shows the registered deaths from all causes, and from pneumonia (all forms) and influenza combined, in certain large cities of the United States during the week ended March 29, 1919. The annual death rates per 1,000 population for the week and for the corresponding week of previous years are also shown.

The data are taken from the "Weekly Health Index," April 1, 1919, issued by the Bureau of the Census, Department of Commerce. The populations used in computing the rates are estimated by the Bureau of the Census as of July 1, 1918.

Registered deaths and annual death rates per 1,000 population in certain large cities of the United States, week ended Mar. 29, 1919—Deaths from all causes, and from pneumonia (all forms) and influenza combined.

City.	Population July 1, 1918, estimated.	Total deaths, all causes.	Annual death rate per 1,000.	Annual death rate for preceding years. ¹	Influenza and pneumonia (all forms).	
					Number of deaths.	Annual death rate per 1,000.
Albany, N. Y.	112,565	52	24.1	C 20.4	12	5.6
Atlanta, Ga.	201,732	46	11.9	C 16.0	—	—
Baltimore, Md.	169,981	212	16.5	A 22.2	33	2.6
Boston, Mass.	785,245	239	15.9	A 18.0	38	2.5
Buffalo, N. Y.	473,229	154	17.0	C 19.8	22	2.4
Cambridge, Mass.	111,432	21	9.8	A 16.2	3	1.4
Chicago, Ill.	2,596,681	733	14.7	A 17.3	199	4.0
Cincinnati, Ohio	418,622	178	22.2	C 19.5	59	7.4
Cleveland, Ohio	810,306	265	17.1	C 13.9	98	6.3
Columbus, Ohio	225,296	82	19.0	C 15.3	27	6.2
Dayton, Ohio	130,655	57	22.7	C 16.4	14	5.6
Denver, Colo.	—	81	—	—	—	—
Fall River, Mass.	128,392	36	14.6	C 17.9	12	4.9
Grand Rapids, Mich.	135,450	30	11.6	C 13.1	—	—
Indianapolis, Ind.	289,577	135	24.3	C 18.7	—	—
Jersey City, N. J.	318,770	122	20.0	C 22.7	—	—
Kansas City, Mo.	131,785	115	19.1	C 27.3	44	7.3
Los Angeles, Cal.	568,495	160	14.7	A 13.7	21	1.9
Louisville, Ky.	242,707	125	26.9	C 20.6	45	9.7
Lowell, Mass.	169,081	37	17.7	A 18.3	5	2.4
Memphis, Tenn.	154,759	78	26.3	C 27.6	17	5.7
Milwaukee, Wis.	453,481	134	15.4	A 16.1	41	4.7
Minneapolis, Minn.	533,442	112	15.2	C 12.9	—	—
Nashville, Tenn.	119,215	43	18.8	C 21.9	12	5.2
Newark, N. J.	428,681	155	18.9	C 23.2	41	5.0
New Haven, Conn.	154,865	35	11.8	C 18.9	7	2.4
New Orleans, La.	782,273	168	14.7	A 21.9	20	2.7
New York, N. Y.	5,215,879	1,751	17.5	C 23.8	516	5.2
Oakland, Cal.	214,206	50	12.2	A 11.2	—	—
Omaha, Nebr.	180,264	43	12.5	C 9.5	—	—
Philadelphia, Pa.	1,761,371	583	17.3	C 18.6	127	3.8
Pittsburgh, Pa.	593,303	256	22.5	C 22.2	108	9.5
Portland, Oreg.	—	71	—	—	9	—
Providence, R. I.	263,613	74	14.6	C 27.7	15	3.0
Richmond, Va.	160,719	64	20.8	C 16.5	11	3.6
Rochester, N. Y.	264,856	76	15.0	C 15.0	14	2.8
St. Louis, Mo.	779,951	252	16.8	C 17.4	77	5.1
Ft. Paul, Minn.	257,699	74	15.0	C 16.8	—	—
San Francisco, Cal.	478,530	144	15.7	C 20.4	15	1.6
Seattle, Wash.	—	74	—	—	10	—
Spokane, Wash.	—	42	—	—	—	—
Syracuse, N. Y.	161,404	40	12.9	C 19.7	5	1.6
Toledo, Ohio	232,234	101	20.1	A 15.3	44	8.7
Washington, D. C.	401,681	114	14.8	A 21.5	30	3.9
Worcester, Mass.	173,650	67	20.1	C 19.5	12	3.6

¹ "A" indicates that the rate given is the average annual death rate per 1,000 population for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates that the rate is the annual death rate per 1,000 population for the corresponding week of 1918.

² Population estimated as of July 1, 1919.

³ Rate is based on statistics of 1915, 1916, and 1917.

April 11, 1919.

EPIDEMIC INFLUENZA.**PREVALENCE IN THE UNITED STATES.**

Telegraphic reports for the week ended April 4, 1919, received by the Public Health Service indicate little change in the number of cases of influenza throughout the United States. The number of cases reported in the State of California is considerably greater than that for the preceding week. (See p. 745.)

The reports from zones around Army camps show a decline in the number of cases as compared with the week ended March 29. (See p. 749.)

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PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED APR. 5.

CAMP DEVENS-ZONE, MASS.		GAS AND FLAME SCHOOL ZONE, GA. AND ALA.	
Influenza:	Cases.	Bibb City:	Cases.
Lunenburg.....	1	Diphtheria.....	1
Pneumonia, lobar:		Smallpox.....	1
Ayer.....	1	Columbus:	
Whooping cough:		Gonorrhea.....	6
Lancaster.....	2	Measles.....	6
CAMP DIX ZONE, N. J.		Smallpox.....	2
Diphtheria:		Syphilis.....	1
Springfield Township.....	1	Tuberculosis.....	1
FAYETTEVILLE SANITARY DISTRICT, N. C.		Whooping cough.....	9
Cerebrospinal meningitis.....	1	Muscogee County:	
Cancer.....	1	Dysentery.....	1
Chicken pox.....	1	Influenza.....	2
Gonorrhea.....	1	Pellagra.....	3
Measles.....	13	Smallpox.....	10
Pneumonia, broncho.....	3	CAMP GORDON ZONE, GA.	
Pneumonia, lobar.....	1	Atlanta:	
CAMP FUNSTON ZONE, KANS.		Chancroid.....	3
Chicken pox:		Chicken pox.....	9
Manhattan.....	1	Diphtheria.....	1
Diphtheria:		Gonorrhea.....	53
Milford.....	1	Hookworm.....	1
Zeendale.....	1	Influenza.....	9
Gonorrhea:		Malaria.....	1
Junction City.....	1	Measles.....	10
Manhattan.....	6	Mumps.....	4
Influenza:		Pneumonia.....	5
Cleburne.....	21	Scarlet fever.....	10
Irving.....	1	Smallpox.....	28
Manhattan.....	1	Syphilis.....	20
Mumps:		Tuberculosis.....	1
Junction City.....	1	GULFPORT HEALTH DISTRICT, MISS.	
Manhattan.....	7	Cerebrospinal meningitis:	
Pneumonia:		Long Beach.....	1
Junction City.....	2	Gonorrhea:	
Scarlet fever:		Gulfport.....	2
Green.....	2	Miscellaneous.....	3
Junction City.....	1	Hookworm:	
Manhattan.....	4	Escatawpa.....	1
Rural district.....	1	Lyman.....	1
Smallpox:		Influenza:	
Manhattan.....	1	Biloxi.....	1

April 11, 1919.

GULFPORT HEALTH DISTRICT, MISS.—continued.

	Cases.
Malaria:	
Escatawpa.....	1
Logtown.....	1
Lyman.....	1
Moss Point.....	3
Pascagoula.....	2
Mumps:	
Gulfport.....	2
Handsboro.....	7
Hurley.....	1
Mississippi City.....	7
Moss Point.....	3
Pascagoula.....	1
Pellagra:	
Beauvoir.....	2
Pneumonia:	
Gulfport.....	2
Lyman.....	1
Moss Point.....	1
Pascagoula.....	1
Pneumonia, broncho:	
Logtown.....	1
Wade.....	2
Typhoid fever:	
Pass Christian.....	1
Whooping cough:	
Moss Point.....	1
Saucier.....	1

CAMP JACKSON ZONE, S. C.

	Cases.
Columbia:	
Chicken pox.....	2
Mumps.....	2
Scarlet fever.....	1
Tuberculosis.....	1
Typhoid fever.....	1
Whooping cough.....	7
Government clinic:	
Chancroid.....	1
Gonorrhea.....	25
Syphilis.....	24

CAMP LEE ZONE, VA.

	Cases.
Gonorrhoea:	
Petersburg.....	4
Influenza:	
Prince George County.....	2
Measles:	
Petersburg.....	2
Mumps:	
Hopewell.....	1
Prince George County.....	1

CAMP LEWIS ZONE, WASH.

	Cases.
Mumps:	
Parkland.....	1
Smallpox:	
Spanaway.....	1

CAMP MERRITT ZONE, N. J.

	Cases.
Closter:	
Scarlet fever.....	1
Englewood:	
Chicken pox.....	1
Influenza.....	1
Pneumonia.....	1

MUSCLE SHOALS SANITARY DISTRICT, ALA.

	Cases.
Colbert County:	
Cerebrospinal meningitis.....	2
Chicken pox.....	6
Scabies.....	2
Typhoid fever.....	1
Lauderdale County:	
Chicken pox.....	1
Smallpox.....	1
Whooping cough.....	2
Nitrate plant No. 2:	
Chancroid.....	16
Gonorrhea.....	35
Influenza.....	1
Mumps.....	7
Pneumonia.....	1
Syphilis.....	11
Tuberculosis.....	2

PICRIC ACID PLANT ZONE, GA.

	Cases.
Brunswick:	
Gonorrhea.....	3
Measles.....	2
Mumps.....	2
Pneumonia.....	2
Syphilis.....	3

CAMP PIKE ZONE, ARK.

	Cases.
Levy:	
Malaria.....	1
Little Rock:	
Chicken pox.....	13
Frysiplas.....	1
Gonorrhea.....	20
Influenza.....	5
Malaria.....	4
Measles.....	2
Mumps.....	2
Pneumonia.....	5
Scarlet fever.....	6
Syphilis.....	11
Tonsilitis.....	2
Tuberculosis.....	2
Typhoid fever.....	1
Whooping cough.....	1

North Little Rock:

Membranous croup.....	1
Tuberculosis.....	1

CAMP POLK ZONE, N. C.

	Cases.
Chicken pox:	
Durham.....	7
Raleigh.....	6
Raleigh Township.....	3
Diphtheria:	
Cary Township.....	1
Gonorrhea:	
Wake Forest Township.....	2
Measles:	
Durham.....	10
Durham Township.....	4
Raleigh.....	1
Mumps:	
Durham.....	12
Raleigh.....	1

CAMP POLK ZONE, N. C.—continued.		CAMP ZACHARY TAYLOR ZONE, KY. AND IND.—cont.	
Parotitis:	Cases.	Scarlet fever:	Cases.
Durham.....	1	Louisville.....	14
Smallpox:		Smallpox:	
Raleigh.....	2	Louisville.....	1
Tuberculosis:		Syphilis:	
Durham.....	3	Government clinic.....	24
Raleigh.....	1	Jail clinic.....	7
Whooping cough:		Tuberculosis:	
Durham.....	1	Jefferson County.....	2
Wake Forest Township.....	2	Louisville.....	8
PORTSMOUTH AND NORFOLK COUNTY HEALTH DISTRICT, VA.			
Norfolk:		TIDEWATER HEALTH DISTRICT, VA.	
Influenza.....	2	Government clinic:	
Measles.....	7	Chancroid.....	1
Pneumonia.....	1	Gonorrhea.....	13
Scarlet fever.....	2	Syphilis.....	3
Smallpox.....	1	Newport News:	
Portsmouth:		Cerebrospinal meningitis.....	1
Scarlet fever.....	1	Measles.....	2
Tuberculosis.....	3	Mumps.....	1
CAMP SHERIDAN ZONE, ALA.			
Government clinic:		Pneumonia.....	1
Gonorrhea.....	8	Scarlet fever.....	1
Syphilis.....	10	Tuberculosis.....	2
Montgomery:		Varioloid.....	1
Cerebrospinal meningitis.....	1	Phœbus:	
Scarlet fever.....	1	Mumps.....	1
CAMP SHERMAN ZONE, OHIO.			
Gonorrhea:		CAMP TRAVIS ZONE, TEX.	
Government clinic.....	2	San Antonio:	
Influenza:		Chancroid.....	1
Chillicothe.....	1	Gonorrhea.....	9
Ross County.....	15	Pellagra.....	1
Scarlet fever:		Pneumonia.....	1
Chillicothe.....	1	Scarlet fever.....	1
SOUTHER FIELD ZONE, GA.			
No cases of communicable diseases reported.		Smallpox.....	1
CAMP ZACHARY TAYLOR ZONE, KY. AND IND.		Syphilis.....	6
Chicken pox:		Tuberculosis.....	2
Louisville.....	2	Typhoid fever.....	1
Diphtheria:		CAMP UPTON ZONE, N. Y.	
Louisville.....	6	Brook Haven:	
Gonorrhea:		Diphtheria.....	1
Government clinic.....	21	Measles.....	1
Louisville.....	3	Pneumonia.....	2
Jail clinic.....	10	Riverhead:	
Influenza:		Chicken pox.....	3
Jefferson County.....	11	German measles.....	1
Louisville.....	22	Pneumonia.....	1
Measles:		WILMINGTON SANITARY DISTRICT, N. C.	
Jefferson County.....	6	Castile Hayne:	
Louisville.....	9	Scarlet fever.....	1
Pneumonia, lobar:		Tuberculosis.....	1
Louisville.....	2	Wilmington:	
		Measles.....	2
		Mumps.....	1
		Pneumonia.....	2
		Scarlet fever.....	1
		Tuberculosis.....	7
		Typhoid fever.....	3

April 11, 1919.

DISEASE CONDITIONS AMONG TROOPS IN THE UNITED STATES.

The following data are taken from telegraphic reports received in the office of the Surgeon General of the United States Army for the week ended March 28, 1919. Reports from the American Expeditionary Forces are delayed in transmission, and the "current week" for troops in the American Expeditionary Forces is not the same period as "current week" for troops in the United States.

	Current week.	Last week.
Annual admission rate per 1,000 (all causes).....	705.60	971.07
All troops in the United States.....	1,309.41	1,272.48
American Expeditionary Forces.....	501.54	865.00
Annual admission rate per 1,000 (disease only).....	612.58	832.15
All troops in the United States.....	1,086.26	1,064.57
American Expeditionary Forces.....	432.48	730.36
Noneffective rate per 1,000 on day of report.....	45.25	49.40
All troops in the United States.....	60.50	58.65
American Expeditionary Forces.....	40.09	44.80
Annual death rate per 1,000 (all causes).....	8.91	10.57
All troops in the United States ¹	9.10	10.18
American Expeditionary Forces.....	8.84	10.71
Annual death rate per 1,000 (disease only).....	7.26	8.36
All troops in the United States.....	7.96	9.59
American Expeditionary Forces.....	7.02	7.89

¹ Sick and death rates among troops in the United States will continue to be relatively high, as the numerical strength of troops in the United States continues to decline from week to week as a result of demobilization. Well men only are eligible for discharge, while the sick and otherwise disabled are retained in service for further treatment. The continued influx of sick and wounded (properly chargeable to commands overseas) is another factor tending to increase rates in the United States and to diminish correspondingly similar rates overseas.

Cases of special diseases reported during the week ended Mar. 28, 1919.

Camp.	Pneumonia.	Dysentery.	Malaria.	Venereal diseases.		Influenza.	Measles.	Meningitis.	Scarlet fever.	Annual admission rate per 1,000 (disease only).	Noneffective rate per 1,000 on day of report.
				Total.	New infections.						
Bowie.....	2			26	7	1	2			2,405.55	121.22
Bragg.....										431.08	18.65
Custer.....	5			22	12					1,088.73	105.01
Devens.....	3	1		21				1		194.51	79.23
Dix.....	1			21	7		11			625.05	86.68
Dodge.....	2			8	8	6				5,102.79	133.21
Eustis.....	1		1	6		2	1			1,250.92	41.96
Fremont.....										2,368.55	37.20
Funston.....				6		3				483.24	61.70
Gordon.....	3			25		8				1,978.09	103.55
Grant.....	6			5				13		4,137.60	73.80
Greene.....										126.21	
Hancock.....										483.43	
Humphreys.....	1			4	2	4				412.01	30.22
Jackson.....	2		3	23		7	4			923.90	66.51
Kearny.....	1									1,514.17	133.20
Henry Knox.....	5			1						247.19	13.46
Laz Casas.....		1	1	2						1,052.09	41.47
Lee.....	2			34	4					1,032.17	93.41
Lewis.....	1			5	4	1	1	1		1,574.17	110.47
McClellan.....										495.82	30.98
Meade.....	7			21	9					1,054.32	80.19
Pike.....	2		1	31						1,496.31	107.72
Sevier.....										584.26	8.17
Shelby.....				10	6	1				2,010.61	79.85
Sherman.....	2			33	3	6				874.56	107.20
Taylor.....	11			8	4	13	4			4,108.83	120.45
Travis.....			4	22	2					860.62	71.92
Upton.....	2			18	3	14				901.58	51.49
Wheeler.....										78.73	1.51

Cases of special diseases reported during the week ended Mar. 28, 1919—Continued.

Camp.	Pneumonia.		Dysentery.		Malaria.		Venereal diseases.		Influenza.	Measles.	Meningitis.	Scarlet fever.	Annual admission rate per 1,000 (disease only).	Noneffective rate per 1,000 on day of report.
	Total.	New Infections.												
Northeastern Department.	1						4	2					653.23	22.75
Eastern Department.	3						22	2	3			2	714.92	22.36
Southeastern Department.	1						5	2					1,027.41	33.54
Central Department.							10					2	971.16	34.81
Southern Department.	13						46	7	93			1	763.86	53.88
Western Department.	2		1				15	11	7	1			526.93	14.40
Aviation camps.	2						38		6			1	812.15	34.91
Ports of embarkation:														
Hoboken.	12	2					12	8	62	3	3	2	694.22	57.11
Newport News.	40		1				90	14	46	6	2	3	5,903.36	154.81
Alcatraz, disciplinary barracks.													787.87	18.18
Leavenworth, disciplinary barracks.			2				5						1,162.01	47.60
Columbus Barracks.												2	979.81	55.18
Jefferson Barracks.	3						8	8	2				1,239.64	123.58
Fort Logan.							1	1					723.47	34.78
Fort McDowell.							11		1				2,216.91	58.64
Fort Sill.							8	8				2	749.74	41.96
Fort Slocum.							2						448.27	23.70
Fort Thomas.										1			904.34	53.62
West Point.													1,043.47	20.03
Arsenals.							17						759.86	48.95
Miscellaneous small stations.							5		2				629.68	23.98
Total.	136	4	14	741	138	281	43		7	33	1,086.26		60.50	

Number of deaths and annual rates per 1,000 at large camps in the United States, week ended Mar. 28, 1919.

Camp.	Strength.	Deaths.		Annual death rate per 1,000.	
		All causes.	Disease only.	All causes.	Disease only.
Bowie.	5,469				
Bragg.	965				
Custer.	6,018	1	1	8.61	8.61
Devans.	8,822	2	2	11.78	11.78
Dix.	15,619				
Dodge.	9,698				
Enstis.	5,695				
Fremont.	483				
Funston.	6,574				
Gordon.	7,880	1	1	6.59	6.59
Grant.	14,291	1	1	3.66	3.66
Greene.	412				
Hancock.	1,381				
Humphreys.	5,427				
Jackson.	8,555				
J. E. Johnston.	391				
Kearny.	3,536				
Henry Knox.	7,573				
Las Casas.	1,977	1	1	26.30	26.30
Lee.	10,637				
Lewis.	6,970	1	1	7.46	7.46
McClellan.	839				
Mende.	13,686	2	2	7.60	7.60
Pike.	8,410	1	1	6.18	6.18
Sevier.	979				
Shelby.	3,957				
Sherman.	12,077				
Taylor.	14,421	1	1	3.60	3.60
Travis.	9,607	3	3	16.23	16.23
Upton.	19,429	5	4	13.38	10.71
Wheeler.	660				
Northeastern Department.	4,219	1	1	12.32	12.32

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Number of deaths and annual rates per 1,000 at large camps in the United States, week ended Mar. 28, 1919—Continued.

Camp.	Strength.	Deaths.		Annual death rate per 1,000.	
		All causes.	Disease only.	All causes.	Disease only.
Eastern Department.....	24,733				
Southeastern Department.....	6,529				
Central Department.....	5,515	5	3	47.14	28.29
Southern Department.....	31,652	5	5	7.50	7.50
Western Department.....	11,253	2	2	9.24	9.24
Aviation camps.....	27,981	6	1	11.15	1.85
Ports of embarkation:					
Hoboken.....	20,875	6	6	6.13	6.13
Newport News.....	29,720	12	12	20.99	20.99
All others.....	95,153	32	29	17.48	15.84
Total.....	502,411	88	77	9.10	7.96

Annual admission rate per 1,000 for certain diseases.

Diseases.	Troops in United States.		American Expe- ditionary Forces.	
	Current week.	Last week.	Current week.	Last week.
Pneumonia.....	14.07	10.38	17.71	32.92
Dysentery.....	.41	.09	.28	.37
Malaria.....	1.44	.97	.10	.03
Venereal.....	76.69	68.64	35.33	46.27
Paratyphoid.....			.28	.62
Typhoid.....	.31	.19	1.78	1.10
Measles.....	4.45	6.26	2.06	2.61
Meningitis.....	.72	1.07	2.13	2.75
Scarlet fever.....	3.41	3.72	.69	1.20
Influenza.....	29.08	24.48		

CURRENT STATE SUMMARIES.

Telegraphic Reports for the Week Ended April 5, 1919.

Alabama.—State totals: Typhoid fever 2, malaria 5, smallpox 2, measles 30, diphtheria 4, influenza 55.

Arkansas.—State totals: Malaria 70, measles 39, whooping cough 20, smallpox 18, influenza 20, tuberculosis 16, pellagra 6, chicken pox 6, diphtheria 5, trachoma 5, typhoid fever 3, meningitis 1.

California.—Influenza cases reported, 820. Smallpox: 34 cases, of which in San Francisco 3, Santa Cruz County 4, Sacramento 3, Marysville 8, Chico 6, remainder scattered over State. Typhoid fever: 8 cases, of which in San Francisco 2, Oakland 2, one each in San Bernardino, Monterey, Tulare County and Covina. Cerebrospinal meningitis: Oakland 1, Los Angeles 1. Lethargic encephalitis: Tulare County 1, Stockton 1, Palo Alto 1.

Connecticut.—No outbreak or undue prevalence. Influenza, total for State 23.

Florida.—State totals: Typhoid fever 11, paratyphoid fever 1, malaria 3, diphtheria 4, pneumonia 9, epidemic meningitis 1.

Georgia.—State totals: Acute infectious conjunctivitis 7, hookworm 5, cerebrospinal meningitis 2, chickenpox 42, diphtheria 9, dysentery (amebic) 2, dysentery (bacillary) 4, German measles 5, gonorrhea 102, influenza 96, malaria 53, measles 82, mumps 61, paratyphoid fever 3, pneumonia (acute lobar) 64, rabies (in animal) 1, scarlet fever 12, septic sore throat 17, smallpox 68, syphilis 46, trachoma 1, tuberculosis (pulmonary) 26, tuberculosis (other than pulmonary) 4, typhoid fever 5, whooping cough 34.

Illinois.—Diphtheria: Cases reported 179, of which in Chicago 134, Camp Grant 8, Lagrange 7. Scarlet fever: Cases reported 140, of which in Chicago 68, Ogle County (Buffalo township) 10, Lake Bluff 7, Camp Grant 8, Rockford 6, Oglesby 5. Smallpox: Cases reported 108, of which in Aurora 38, Champaign 9, Pekin 7, Mill Shoals 6, Canton 6, East Peoria 5. Meningitis: Chicago 5, Freeburg 1. Gonorrhea 189, syphilis 175, influenza 316, of which in Chicago 171. A recrudescence of influenza in following communities: Virginia 20, Champaign County (Scott Township) 19, Carthage 33. Lethargic encephalitis: Chicago 4, one each in the following: Milford, Lake County (Antioch Township), Macomb, North Chicago, Duquoin, and Sidell.

Indiana.—Scarlet fever in Montgomery, Delaware, Wabash, Marshall, and Jay Counties, Columbia City and South Bend. Smallpox in Delaware, Vermilion, Clinton, and Elkhart Counties, Anderson, Laporte, and Columbia City. Diphtheria by counties: Vermilion 3, Clinton 2, Wabash 4, Delaware 2, Elkhart 2, Tipton 1, Knox 1, Miami 2, Wayne 1, Monroe 2, Tippecanoe 5; in Lagrange many. Typhoid fever in Delaware, Elkhart, Shelby, Ripley, and Tipton Counties; in Indiana Harbor 3. Syphilis: Cases reported 33. Gonorrhœa: Cases reported 59.

Iowa.—Cerebrospinal meningitis: Sumner 1. Chancroid: Cedar Rapids 1, Council Bluffs 1, Griswold 1. Chicken pox: Davenport 1. Diphtheria: Des Moines 4, Dubuque 1. Gonorrhea: Cedar Rapids 6, Council Bluffs 17, Davenport 7, Dubuque 5, Earlville 1, Griswold 2, Hawarden 2. Measles: Bellevue 10, Council Bluffs 5. Mumps: Northwood 8. Scarlet fever: Bellevue 1, Des Moines 5, Dubuque 1, Ewart 1, Guttenberg 2, Mason City 1, Newton 1, Ottosen 1, Turin 5. Smallpox: Buffalo 6, Cedar Rapids 6, Clarinda 8, Council Bluffs 5, Davenport 12, Des Moines 1, Fort Dodge 1, Greenfield 1, Mason City 2. Syphilis: Council Bluffs 2, Griswold 1. In rural districts of following counties: Diphtheria: Buena Vista 1, Dallas 2, Dubuque 1, Kossuth 1, Washington 2. Scarlet fever: Appanoose 1, Decatur 1, Goodell 1, Hancock 2, Keokuk 1, Polk 3, Union 1, Wapello 1, Washington 2. Smallpox: Buchanan 2, Buena Vista 2, Calhoun 1, Cherokee 1, Osceola 1, Wapello 1. Influenza cases reported in State, 90.

April 11, 1919.

Louisiana.—State totals: Lethargic encephalitis 11, influenza 23, meningitis 6, typhoid fever 6, smallpox 61.

Maine.—Chancroid: Thomaston 1. Chickenpox: Bath 1, Portland 7. Diphtheria: Oldtown 1, South Portland 1, Waterville 2. Gonorrhea: Bangor 2, one each Biddeford, Calais, Camden, Fairfield, Millinocket, and Westbrook, Madison 2, Portland 18, Thomaston 2. Measles: Rockland 1, Dexter 6. Mumps: Bath 1. Scarlet fever: Farmington 9, Hudson 5, Phillips 5, Portland 7. Smallpox: Bath 1. Syphilis: Augusta, Danforth, and Lewiston 1 each, Portland 13. Tuberculosis: 10 cases. Typhoid fever: Cumberland 1, Mapleton 1. Influenza, 123 cases.

Minnesota.—Smallpox (new foci): 1 case in each of the following: Carleton County (Atkinson Township), Clearwater County (Shevlin Township), Scott County (Eagle Creek Township), Wilkin County (Campbell village), Jackson County (Sioux Valley Township), 3. State totals: Cerebrospinal meningitis 1, syphilis 70, gonorrhea 110, chancroid 2.

New Jersey.—State totals: Influenza 478 cases reported and 190 cases pneumonia. One new case smallpox in West Cape May, 3 in Hamilton Township, and 5 in Weymouth Township (Atlantic County). No unusual prevalence of other diseases.

New York.—Outside of New York City. State totals: Typhoid fever 15, measles 409, of which in Albany County 52, Chemung County 50, Erie County 67, Niagara County 86. Scarlet fever 180. whooping cough 47, diphtheria 164. Smallpox: Buffalo 1, Rochester 1. Cerebrospinal meningitis 5, pneumonia 186. Voluntary reports: Syphilis 118, gonorrhea 22.

North Carolina.—State totals: Whooping cough 158, measles 299, diphtheria 25, scarlet fever 9, septic sore throat 3, smallpox 84, chicken pox 48, typhoid fever 6, epidemic meningitis 1, bronchopneumonia 26, lobar pneumonia 25, lethargic encephalitis 3, syphilis 15, gonorrhea 48, chancroid 2, gonorrhea and chancroid 1. Influenza cases reported by counties: Clay 25, Cleveland 100, Davidson 27, Gaston 2, McDowell 2.

Ohio.—Scarlet fever: Columbus, 16 cases. Smallpox continues in Lorain, Tuscarawas, Stark, Coshocton, Pike, Scioto, and Mahoning Counties and in the Miami Valley. Measles epidemic in Youngstown, Zanesville, Delphos, and Lorain. Influenza decreased. Encephalitis lethargic, 13 cases to date.

Oregon.—Influenza: Portland 13 cases (1 death), Clackamas 4, Linn 1, Marion 1, Tillamook 46.

Vermont.—Twelve towns report 78 cases of influenza. No other unusual prevalence.

Virginia.—Influenza: Cases reported 9. Smallpox: Fairfax County 1, Tazewell County 2, Norfolk County 3, Alexandria County 3, Henry County several, Middlesex County 2, Frederick County 2.

Washington.—Unusual prevalence of contagious diseases reported. Smallpox: Hoquiam 9, Auburn 4, Seattle 30, Ellensburg 5, Eatonville 2, Tacoma 20, Olympia 5, Sunnyside 5, Yakima 12, Yakima (county) 18.

CEREBROSPINAL MENINGITIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.

	Cases.		Cases.
Fayetteville sanitary district, N. C.....	1	Camp Sheridan zone, Ala.....	1
Gulfport health district, Miss.....	1	Tidewater health district, Va.....	1
Muscle Shoals sanitary district, Ala.....	2		

State Reports for February, 1919.

Place.	New cases reported.	Place.	New cases reported.
Alabama: Calhoun County.....	2	California—Continued. San Diego County.....	1
Cherokee County.....	2	San Francisco.....	5
Colbert County.....	1	Total.....	9
Cullman County.....	1	Virginia:	
Franklin County.....	1	Accomac County.....	2
Greene County.....	1	Frederick County.....	1
Henry County.....	1	Hanover County.....	1
Jefferson County.....	7	Henrico County— Richmond.....	1
Lee County.....	1	Lee County.....	2
Marengo County.....	1	Nansemond County.....	1
Marshall County.....	1	Pittsylvania County.....	1
Tuscaloosa County.....	1	Prince William County.....	1
Total.....	20	Spotsylvania County— Fredericksburg.....	1
California: El Dorado County.....	1	Total.....	12
Los Angeles County— Los Angeles.....	1		
South Pasadena.....	1		

City Reports for Week Ended Mar. 22, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Appleton, Wis.....	1	1	New York, N. Y.....	8	7
Baltimore, Md.....	1	1	Philadelphia, Pa.....	4	2
Birmingham, Ala.....	1	1	Racine, Wis.....	1	1
Boston, Mass.....	2	2	Riverside, Calif.....	1	1
Bridgeport, Conn.....	1	1	Rochester, N. Y.....	1	1
Chicago, Ill.....	4	1	Saginaw, Mich.....	1	1
Dallas, Tex.....	1	1	St. Louis, Mo.....	1	1
Dayton, Ohio.....	1	1	San Antonio, Tex.....	1	1
Detroit, Mich.....	2	2	San Francisco, Calif.....	2	2
Fort Worth, Tex.....	1	1	Seattle, Wash.....	1	1
Indianapolis, Ind.....	1	1	Tuscaloosa, Ala.....	1	1
Lancaster, Ohio.....	1	1	Washington, D. C.....	1	1
Los Angeles, Calif.....	1	2	Wheeling, W. Va.....	1	1
Milwaukee, Wis.....	2	2			

CHANCROID.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Cases.	Cases.
Camp Gordon zone, Ga.....	3
Camp Jackson zone, S. C.....	1
Muscle Shoals sanitary district, Ala.....	16
Tidewater health district, Va.....	1
Camp Travis zone, Tex.....	1

DIPHTHERIA.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Cases.	Cases.
Camp Dix zone, N. J.....	1
Camp Funston zone, Kans.....	2
Gas and flame school zone, Ga. and Ala.....	1
Camp Gordon zone, Ga.....	1
Camp Polk zone, N. C.....	1
Camp Zachary Taylor zone, Ky. and Ind.....	6
Camp Upton zone, N. Y.....	1

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 758.

GONORRHEA.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Cases.	Cases.
Fayetteville sanitary district, N. C.....	1
Camp Funston zone, Kans.....	7
Gas and flame school zone, Ga. and Ala.....	6
Camp Gordon zone, Ga.....	53
Gulfport health district, Miss.....	5
Camp Jackson zone, S. C.....	25
Camp Lee zone, Va.....	4
Muscle Shoals sanitary district, Ala.....	35
Picric acid plant zone, Ga.....	3
Camp Pike zone, Ark.....	20
Camp Polk zone, N. C.....	2
Camp Sheridan zone, Ala.....	8
Camp Sherman zone, Ohio.....	2
Camp Zachary Taylor zone, Ky. and Ind.....	34
Tidewater health district, Va.....	13
Camp Travis zone, Tex.....	9

INFLUENZA.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Cases.	Cases.
Camp Devens zone, Mass.....	1
Camp Funston zone, Kans.....	23
Gas and flame school zone, Ga. and Ala.....	2
Camp Gordon zone, Ga.....	9
Gulfport health district, Miss.....	1
Camp Lee zone, Va.....	2
Camp Merritt zone, N. J.....	1
Muscle Shoals sanitary district, Ala.....	1
Camp Pike zone, Ark.....	5
Portsmouth and Norfolk County health district, Va.....	2
Camp Sherman zone, Ohio.....	16
Camp Zachary Taylor zone, Ky. and Ind.....	33

LEPROSY.**California Report for February, 1919.**

During February 1 case of leprosy was reported at Los Angeles, Cal., in the person of E. H., an English woman born in the West Indies but having lived in the United States for the past eight and one-half years. The disease was diagnosed clinically February 19, and verified bacteriologically as tubercular and anesthetic. The patient is in the leper isolation quarters of the county hospital.

LETHARGIC ENCEPHALITIS.

Cases Reported for Week Ended Apr. 5, 1919.

California:	Cases.	Louisiana—Continued.	Cases.
Tulare County.....	1	Richland Parish.....	1
Palo Alto.....	1	St. Marys Parish.....	1
Santa Cruz.....	1	New Orleans.....	4
Stockton.....	1	State at large.....	1
Illinois:		Ohio:	
Chicago.....	4	Lancaster (week ended Mar. 29).....	1
Duquoin.....	1	State at large (to date).....	12
Macomb.....	1	Oklahoma:	
Milford.....	1	State at large (during March).....	1
North Chicago.....	1	North Carolina:	
Sidell.....	1	State at large.....	3
Antioch Township (Lake County).....	1	Texas:	
Louisiana:		Beaumont (during March).....	1
Acadia Parish.....	1	Calvert (during March).....	1
Natchitoches Parish.....	1	Temple (during March).....	1
Rapides Parish.....	2		

MALARIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.

	Cases.		Cases.
Camp Gordon zone, Ga.....	1	Camp Pike zone, Ark.....	5
Gulfport health district, Miss.....	8		

State Reports for February, 1919.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Virginia—Continued.	
Barbour County.....	5	Brunswick County.....	6
Calhoun County.....	1	Brodmax.....	2
Choctaw County.....	1	Franklin County.....	5
Colbert County.....	2	Gloucester County.....	6
Jackson County.....	1	Goochland County.....	6
Jefferson County.....	1	Groome County.....	1
Talladega County.....	5	Halifax County—	
Tuscaloosa County.....	16	Clover.....	3
Wilcox County.....	1	Isle of Wight County.....	12
Total.....	33	James City County.....	3
California:		King and Queen County.....	2
Alameda County—		Lancaster County—	1
Alameda.....	1	Irvington.....	1
Butte County.....	1	Lee County.....	1
Contra Costa County—		Louisa County.....	1
Antioch.....	1	Lunenburg County.....	2
Glenn County—		Mecklenburg County.....	2
Willows.....	1	Middlesex County.....	9
Los Angeles County—		Northampton County.....	4
Los Angeles.....	1	Cape Charles.....	2
San Francisco—		Northumberland County.....	4
Presidio.....	1	Pittsylvania County.....	10
San Joaquin County—		Powhatan County.....	7
Stockton.....	1	Prince George County.....	7
Solano County—		Hopewell.....	2
Dixon.....	2	Princess Anne County.....	5
Yolo County.....	1	Prince William County.....	2
Total.....	10	Shenandoah County.....	2
Virginia:		Southampton County.....	7
Accomac County.....	4	Franklin.....	2
Alexandria County—		Stafford County.....	1
Alexandria.....	2	Surry County.....	1
Augusta County.....	5	Sussex County.....	3
		Warwick County.....	3
		York County.....	2
		Total.....	137

MALARIA—Continued.**City Reports for Week Ended Mar. 22, 1919.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga.....	1	.....	Memphis, Tenn.....	2	.....
Brunswick, Ga.....	1	.....	Palestine, Tex.....	6	.....
Hoboken, N. J.....	.....	1	Tuscaloosa, Ala.....	2	.....

MEASLES.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Place.	Cases.	Place.	Cases.
Payetteville sanitary district, N. C.....	13	Portsmouth and Norfolk County health dis-trict, Va.....	7
Gas and flame school zone, Ga. and Ala.....	6	Camp Zachary Taylor zone, Ky. and Ind.....	15
Camp Gordon zone, Ga.....	10	Tidewater health district, Va.....	2
Camp Leo zone, Va.....	2	Camp Upton zone, N. Y.....	1
Pieric acid plant zone, Ga.....	2	Wilmington sanitary district, N. C.....	2
Camp Pike zone, Ark.....	2		
Camp Polk zone, N. C.....	15		

See also Diphtheria, measles, scarlet fever, and tuberculosis, p. 758.

PELLAGRA.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Place.	Cases.	Place.	Cases.
Gas and flame school zone, Ga. and Ala.....	3	Camp Travis zone, Tex.....	1
Gulfport health district, Miss.....	2		

State Reports for February, 1919.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		California:	
Autauga County.....	1	Orange County.....	1
Bibb County.....	2		
Butler County.....	2	Virginia:	
Chilton County.....	1	Accomac County—	
Coffee County.....	1	Parkley.....	1
Dallas County.....	1	Amherst County.....	1
Etowah County.....	1	Augusta County.....	1
Jackson County.....	2	Dinwiddie County—	
Jefferson County.....	7	Petersburg.....	1
Lauderdale County.....	1	James City County.....	1
Lee County.....	1	Tazewell County.....	1
Limestone County.....	1	Warwick County.....	2
Lowndes County.....	1	Total.....	8
Marengo County.....	1		
Mobile County.....	4		
Randolph County.....	1		
Tuscaloosa County.....	14		
Walker County.....	2		
Total.....	44		

City Reports for Week Ended Mar. 22, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga.....	2	Los Angeles, Cal.....	1		
Austin, Tex.....	1	Memphis, Tenn.....	1		
Beaumont, Tex.....	1	Mobile, Ala.....	3		
Brunswick, Ga.....	1	New Orleans, La.....	1		
Buffalo, N. Y.....	1	Oklahoma City, Okla.....	1		
Dallas, Tex.....	2	Raleigh, N. C.....	1		
Durham, N. C.....	2	Tuscaloosa, Ala.....	1		
Fort Worth, Tex.....	1				

PNEUMONIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.

Cases.		Cases.	
Camp Devens zone, Mass.....	1	Camp Pike zone, Ark.....	5
Fayetteville sanitary district, N. C.....	4	Portsmouth and Norfolk County health district, Va.....	1
Camp Funston zone, Kans.....	2	Camp Zachary Taylor zone, Ky. and Ind.....	2
Camp Gordon zone, Ga.....	5	Tidewater health district, Va.....	1
Gulfport health district, Miss.....	8	Camp Travis zone, Tex.....	1
Camp Merritt zone, N. J.....	1	Camp Upton zone, N. Y.....	3
Muscle Shoals sanitary district, Ala.....	1	Wilmington sanitary district, N. C.....	2
Picric acid plant zone, Ga.....	2		

City Reports for Week Ended Mar. 22, 1919.

Place.	Lobar.		All forms.		Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.
Akron, Ohio					Mason City, Iowa				
Appleton, Wis.	1	1	3		Melrose, Mass.	2			
Atlanta, Ga.			3	5	Methuen, Mass.	1			
Atlantic City, N. J.	1	1			Montclair, N. J.	1			
Attleboro, Mass.	1	1			Morgantown, W. Va.	1			
Baltimore, Md.	23	16			Morristown, N. J.				
Baton Rouge, La.			2		Mount Vernon, N. Y.	1			
Belleview, N. J.	2				Natick, Mass.	3	1		
Beverly, Mass.	1	1			New Bedford, Mass.	5	2		
Boston, Mass.	43	18			New Britain, Conn.				
Brockton, Mass.	2	1			Newburyport, Mass.	1	1	4	5
Brunswick, Ga.	4				New Orleans, La.	1	6		
Cadillac, Mich.	1	1			New York, N. Y.	189	369	380	
Cambridge, Mass.	4	3			North Adams, Mass.	2	1		
Camden, N. J.			9		Northampton, Mass.	1	1		
Charleston, W. Va.	2	1			North Tonawanda, N. Y.	2			
Charlotte, N. C.	3	2			Norwood, Ohio	2	1		
Chelsea, Mass.	2				Oakland, Cal.	1	1	1	2
Chicago, Ill.			380	131	Oak Park, Ill.	4			
Chicopee, Mass.	1	2			Grange, N. J.	4	1		
Cleveland, Ohio	69	71			Palestine, Tex.	1			
Cumberland, Md.	1				Passaic, N. J.	1	1		
Dayton, Ohio	3	8			Paterson, N. J.	29	2		
Detroit, Mich.	15	36	21	53	Philadelphia, Pa.	113	63		
Dover, N. H.	1	1			Phillipsburg, N. J.	1	1		
Duluth, Minn.	3	5			Pomona, Calif.	1	1		
Elmira, N. Y.			7	5	Pontiac, Mich.	1			
Englewood, N. J.	2				Port Chester, N. Y.	2			
Fall River, Mass.	4				Reno, Nev.	2	2		
Findlay, Ohio	2	1			Rochester, N. Y.	17	9	1	
Flint, Mich.	1	7			St. Paul, Minn.	1	2		
Grand Rapids, Mich.	20	3			Salem, Mass.				
Hackensack, N. J.	4	5			Salem, Oreg.	1			
Harrison, N. J.	1				San Antonio, Tex.	9	7		
Haverhill, Mass.	3	3			San Diego, Cal.	1			
Highland Park, Mich.	8	3			Sandusky, Ohio	1	1		
High Point, N. C.			I		Sanford, Me.	1	1		
Holyoke, Mass.	3	2			San Francisco, Cal.	10	7		
Independence, Mo.			8	5	Schenectady, N. Y.	4	3		
Ironton, Ohio	2	4			Somerville, Mass.	12	2		
Jamestown, N. Y.			10	5	Springfield, Mass.				
Jersey City, N. J.			7		Toledo, Ohio	2	10		
Kalamazoo, Mich.	4	1			Topeka, Kans.	1	4		
Kansas City, Kans.	11				Trenton, N. J.	2	7		
Kansas City, Mo.			31	35	Tuscaloosa, Ala.	2			
Kearny, N. J.	1	1			Tyler, Tex.	1			
Lackawanna, N. Y.	3	1			Watertown, Mass.	2			
Leominster, Mass.	3	1			Westfield, Mass.	2			
Lincoln, Nebr.	1	3			West Hoboken, N. J.	1			
Little Rock, Ark.			2		West New York, N. J.	2			
Lockport, N. Y.	2	2			West Orange, N. J.	2	1		
Los Angeles, Cal.	19	7			Wichita, Kans.	1			
Louisville, Ky.	9	46			Winston-Salem, N. C.	6	4		
Lowell, Mass.	3	4			Winthrop, Mass.	1	1		
Lynn, Mass.	3	2			Worcester, Mass.	4	5		
Manitowoc, Wis.			1	1	Yonkers, N. Y.	3	3		
Marion, Ohio	1				Youngstown, Ohio.	3	3		

POLIOMYELITIS (INFANTILE PARALYSIS).**State Reports for February, 1919.**

Place.	New cases reported.	Place.	New cases reported.
Alabama:		South Dakota:	
Coffee County.....	1	Yankton County.....	1
Limestone County.....	1		
Total.....	2		
California:		Virginia:	
San Mateo County—		Bedford County.....	1
San Mateo.....	1	Lee County.....	3
		Louisa County.....	1
		Total.....	5
Indiana:			
Clay County.....	1		
Marion County.....	1		
Total.....	2		

City Reports for Week Ended Mar. 22, 1919.

During the week ended March 22, 1919, one case of poliomyelitis was reported at Springfield, Ill., and one death was reported at Buffalo, N. Y.

RABIES IN ANIMALS.**City Reports for Week Ended Mar. 22, 1919.**

During the week ended March 22, 1919, rabies in animals was reported, one case each at Tuscaloosa, Ala., and Winston-Salem, N. C.

SCARLET FEVER.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

	Cases.		Cases.
Camp Funston zone, Kans.....	8	Camp Sheridan zone, Ala.....	1
Camp Gordon zone, Ga.....	10	Camp Sherman zone, Ohio.....	1
Camp Jackson zone, S. C.....	1	Camp Zachary Taylor zone, Ky. and Ind.....	14
Camp Merritt zone, N. J.....	1	Tidewater health district, Va.....	1
Camp Pike zone, Ark.....	6	Camp Travis zone, Tex.....	1
Portsmouth and Norfolk County health district, Va.....	3	Wilmington sanitary district, N. C.....	2

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 758.

SMALLPOX.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

	Cases.		Cases.
Camp Funston zone, Kans.....	1	Camp Polk zone, N. C.....	2
Gas and flame school zone, Ga. and Ala.....	13	Portsmouth and Norfolk County health district, Va.....	1
Camp Gordon zone, Ga.....	28	Camp Zachary Taylor zone, Ky. and Ind.....	1
Camp Lewis zone, Wash.....	1	Camp Travis zone, Tex.....	1
Muscle Shoals sanitary district, Ala.....	1		

SMALLPOX—Continued.

California Report for February, 1919—Vaccination Histories.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
California:						
Alameda County—						
Oakland.....	2		1		1	
Butte County.....	1		1			
Chico.....	26		1	5	14	6
El Dorado County.....	1				1	
Fresno County.....	1				1	
Humboldt County.....	2					2
Imperial County—						
El Centro.....	1				1	
Kern County.....	1			1		
Delano.....	1					1
Kings County—						
Corcoran.....	8					8
Los Angeles County—						
Long Beach.....	4				3	1
Los Angeles.....	11			1	3	
Pomona.....	4				4	
Madera County.....	2				1	1
Monterey County.....	1					
Orange County.....	8				8	
Santa Ana.....	1				1	
Sacramento County—						
Sacramento.....	3		1	2		
San Bernardino County—						
Ontario.....	1		1			
San Bernardino.....	1				1	
San Francisco.....	20			2	22	5
Santa Cruz County—						
Watsonville.....	1				1	
Sutter County—						
Yuba City.....	1				1	
Tehama County—						
Red Bluff.....	2				2	
Tulare County.....	23		6		17	
Yuba County—					5	
Marysville.....	5				11	
Ventura County—						
Oxnard.....	1				1	
Total.....	160		12	13	110	25

State Reports for February, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.	
Alabama:						
Autauga County.....	20		Alabama—Continued.			
Clarke County.....	1		Washington County.....	1		
Coffee County.....	1		Winston County.....	4		
Covert County.....	2		Total.....	14)	2	
Culman County.....	1	1				
Dallas County.....	14	1				
Etowah County.....	4					
Geneva County.....	5					
Jackson County.....	3					
Jefferson County.....	5					
Lamar County.....	13					
Lauderdale County.....	11					
Lee County.....	1					
Limestone County.....	7					
Madison County.....	11					
Marengo County.....	1					
Mobile County.....	21					
Montgomery County.....	1					
Randolph County.....	1					
Walker County.....	2					
Indiana:						
Allen County.....			Allen County.....	4		
Cass County.....			Clark County.....	7		
Clark County.....			Dearborn County.....	4		
Dearborn County.....			Decatur County.....	6		
Decatur County.....			Deaware County.....	1		
Deaware County.....			Elkhart County.....	31		
Elkhart County.....			Fayette County.....	15		
Fayette County.....			Fountain County.....	12		
Fountain County.....			Fulton County.....	17		
Fulton County.....			Gibson County.....	1		
Gibson County.....			Howard County.....	1		
Howard County.....			Huntington County.....	13		
Huntington County.....			Jennings County.....	6		

April 11, 1919.

SMALLPOX—Continued.**State Reports for February, 1919—Continued.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Indiana—Continued.					
Kosciusko County.....	1	.....	Virginia:	.....	.....
Lake County.....	7	.....	Acoacae County.....	2	.....
Laporte County.....	12	.....	Alleghany County.....	17	.....
Lawrence County.....	1	.....	Clifton Forge.....	1	.....
Madison County.....	19	.....	Lowmoor.....	1	.....
Marion County.....	9	.....	Bedford County—	.....	.....
Montgomery County.....	1	.....	Moneta.....	4	.....
Parke County.....	16	.....	Botetourt County.....	1	.....
Porter County.....	5	.....	Buchanan.....	4	.....
Pu'aski County.....	1	.....	Buchanan County.....	1	.....
Ripley County.....	1	.....	Dinwiddie County.....	1	.....
Rush County.....	3	.....	Elizabeth City County.....	2	.....
Shelby County.....	1	.....	Hampton.....	1	.....
St. Joseph County.....	4	.....	Franklin County.....	1	.....
Sullivan County.....	18	.....	Frederick County.....	2	.....
Tippecanoe County.....	1	.....	Grayson County.....	10	.....
Vigo County.....	2	.....	Hanover County.....	1	.....
Washington County.....	3	.....	Houston.....	1	.....
Wayne County.....	1	.....	King William County.....	5	.....
Wells County.....	1	.....	Lunenburg County.....	1	.....
Total.....	230	.....	Ne'son County.....	2	.....
South Dakota:					
Bead'e County.....	21	.....	Pittsylvania County.....	2	.....
Bon Homme County.....	1	.....	Prince George County.....	1	.....
Bru'r County.....	2	.....	Princes Anne County.....	1	.....
Davison County.....	6	.....	Prince Edward County.....	2	.....
Deuel County.....	2	.....	Roanoke County.....	1	.....
Fall River County.....	3	.....	Russell County.....	19	.....
Hand County.....	1	.....	Surry County.....	13	.....
Minnehaha County.....	8	.....	Tazew'l County.....	8	.....
Total.....	44	.....	Pocahontas.....	1	.....
			Wise County.....	7	.....
			Total.....	113	.....

City Reports for Week Ended Mar. 22, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Abilene, Tex.....	1	.....	Galesburg, Ill.....	.....	.....
Akron, Ohio.....	5	.....	Galveston, Tex.....	1	1
Atlanta, Ga.....	56	1	Grand Rapids, Mich.....	2	.....
Austin, Tex.....	1	.....	Green Bay, Wis.....	1	.....
Baltimore, Md.....	1	.....	Hoquiam, Wash.....	1	.....
Beatrice, Nebr.....	2	.....	Houston, Tex.....	2	.....
Beaumont, Tex.....	1	.....	Independence, Mo.....	8	.....
Bedford, Ind.....	2	.....	Indianapolis, Ind.....	1	.....
Billings, Mont.....	1	.....	Kalamazoo, Mich.....	7	.....
Boston, Mass.....	1	.....	Kansas City, Kans.....	1	.....
Burlington, Iowa.....	1	.....	Kansas City, Mo.....	23	.....
Cedar Rapids, Iowa.....	8	.....	Laurel, Miss.....	1	.....
Chanute, Kans.....	17	.....	Lincoln, Nebr.....	14	.....
Charleston, W. Va.....	2	.....	Little Rock, Ark.....	2	.....
Chicago, Ill.....	6	.....	Logansport, Ind.....	2	.....
Cincinnati, Ohio.....	3	.....	Los Angeles, Cal.....	8	.....
Cleveland, Ohio.....	6	.....	Ludington, Mich.....	1	.....
Columbus, Ohio.....	2	.....	Macon, Ga.....	1	.....
Corpus Christi, Tex.....	2	.....	Madison, Wis.....	3	.....
Council Bluffs, Iowa.....	3	.....	Marinette, Wis.....	3	.....
Covington, Ky.....	3	.....	Memphis, Tenn.....	3	.....
Dallas, Tex.....	6	.....	Middletown, Ohio.....	2	.....
Davenport, Iowa.....	5	.....	Milwaukee, Wis.....	9	.....
Denver, Colo.....	14	.....	Minneapolis, Minn.....	9	.....
Des Moines, Iowa.....	3	.....	Mobile, Ala.....	2	.....
Dubuque, Iowa.....	1	.....	Moline, Ill.....	1	.....
Duluth, Minn.....	3	.....	Muskogee, Okla.....	8	.....
Durham, N. C.....	1	.....	Nashville, Tenn.....	7	.....
El Paso, Tex.....	1	.....	New London, Conn.....	1	.....
Evansville, Ind.....	1	.....	New Orleans, La.....	2	.....
Fargo, N. Dak.....	1	.....	New York, N. Y.....	1	.....
Fort Wayne, Ind.....	13	.....	Norfolk, Va.....	5	.....
Fort Worth, Tex.....	9	.....	Ogden, Utah.....	7	.....
Fresno, Cal.....	1	.....	Oklahoma City, Okla.....	8	.....

SMALLPOX—Continued.**City Reports for Week Ended Mar. 22, 1919—Continued.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Omaha, Nebr.	38		San Francisco, Cal.	7	
Palestine, Tex.	3		Seattle, Wash.	18	
Peoria, Ill.	8		Sioux City, Iowa	4	
Pittsburgh, Pa.	1		Steubenville, Ohio	2	
Portland, Oreg.	22		Superior, Wis.	8	
Portsmouth, Va.	1		Tacoma, Wash.	18	
Pueblo, Colo.	2		Terre Haute, Ind.	2	
Roanoke, Va.	3		Toledo, Ohio	4	
Rochester, N. Y.	1		Topeka, Kans.	1	
Rock Island, Ill.	1		Walla Walla, Wash.	1	
Saginaw, Mich.	1		Washington, D. C.	3	
St. Joseph, Mo.	5		Wichita, Kans.	13	
St. Louis, Mo.	16		Winston-Salem, N. C.	18	
St. Paul, Minn.	11		Yakima, Wash.	17	
Salt Lake City, Utah	14		Youngstown, Ohio	5	
San Antonio, Tex.	3				

SYPHILIS.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Cases.	Cases.
Gas and flame school zone, Ga. and Ala.	1
Camp Gordon zone, Ga.	20
Camp Jackson zone, S. C.	24
Muscle Shoals sanitary district, Ala.	11
Pieric acid plant zone, Ga.	3
Camp Pike zone, Ark.	11
Camp Sheridan zone, Ala.	10
Camp Zachary Taylor zone, Ky. and Ind.	31
Tidewater health district, Va.	3
Camp Travis zone, Tex.	6

TETANUS.**St. Louis, Mo., Report for Week Ended Mar. 22, 1919.**

One case of tetanus was reported at St. Louis, Mo., during the week ended March 22, 1919.

TUBERCULOSIS.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Cases.	Cases.
Gas and flame school zone, Ga. and Ala.	1
Camp Gordon zone, Ga.	1
Camp Jackson zone, S. C.	1
Muscle Shoals sanitary district, Ala.	2
Camp Pike zone, Ark.	3
Camp Polk zone, N. C.	4
Portsmouth and Norfolk County health district, Va.	3
Camp Zachary Taylor zone, Ky. and Ind.	10
Tidewater health district, Va.	2
Camp Travis zone, Tex.	2
Wilmington sanitary district, N. C.	8

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 758.

TYPHOID FEVER.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 5, 1919.**

Cases.	Cases.
Gulfport health district, Miss.	1
Camp Jackson zone, S. C.	1
Muscle Shoals sanitary district, Ala.	1
Camp Pike zone, Ark.	1
Camp Travis zone, Tex.	1
Wilmington sanitary district, N. C.	3

April 11, 1919.

TYPHOID FEVER—Continued.

State Reports for February, 1919.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Indiana—Continued.	
Bibb County.....	3	Hamilton County.....	2
Butler County.....	1	Hancock County.....	1
Coffee County.....	2	Total.....	20
Hale County.....	1		
Jefferson County.....	4	Virginia:	
Marshall County.....	1	Alleghany County—	
Montgomery County.....	1	Clifton Forge.....	2
Tuscaloosa County.....	1	Lowmoor.....	10
Walker County.....	2	Augusta County.....	1
Washington County.....	1	Bedford County.....	7
Total.....	17	Buchanan County.....	1
		Buckingham County.....	1
California:		Caroline County.....	1
Alameda County—		Chesterfield County—	
Berkeley.....	2	Beach.....	1
Oakland.....	1	Clarke County.....	1
Contra Costa County—		Culpeper County.....	1
Richmond.....	1	Dinwiddie County—	
Los Angeles County—		Petersburg.....	1
Los Angeles.....	9	Henrietta County—	
Mendocino County—		Richmond.....	3
Willits.....	4	James City County.....	1
Riverside County.....	20	King William County—	
Riverside City.....	4	West Point.....	3
Sacramento County.....	2	Lee County—	
San Francisco.....	4	Keokee.....	3
San Joaquin County.....	1	Louis County.....	3
Tracy.....	3	Nelson County.....	3
Santa Barbara County—		Page County—	
Lompoc.....	1	Shenandoah.....	3
Total.....	52	Roanoke County—	
		Vinton.....	1
Indiana:		Rockingham County.....	1
Allen County.....	3	Shenandoah County.....	2
Clark County.....	4	Southampton County.....	2
Delaware County.....	1	Surry County.....	1
Gibson County.....	2	Tazewell County—	
Jennings County.....	1	Pocahontas.....	1
Johnson County.....	2	Wise County—	
Lake County.....	2	Fardie.....	1
Laporte County.....	1	Total.....	55
Parke County.....	1		

City Reports for Week Ended Mar. 22, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	1		Los Angeles, Cal.....	2	
Allentown, Pa.....	1		Memphis, Tenn.....	188	11
Atlanta, Ga.....	2		Milwaukee, Wis.....	1	
Baltimore, Md.....		1	Mobile, Ala.....		1
Birmingham, Ala.....	2		Nashville, Tenn.....	1	
Butler, Pa.....	1		New Bedford, Mass.....	1	
Cambridge, Mass.....	1		New London, Conn.....	1	1
Charlotte, N. C.....	1		New York, N. Y.....	4	
Chicago, Ill.....	1		Northampton, Mass.....	1	
Cleveland, Ohio.....	2	1	Oakland, Cal.....	2	
Dallas, Tex.....			Ogden, Utah.....	1	
Dayton, Ohio.....	4		Omaha, Nebr.....		1
Detroit, Mich.....	2		Paterson, N. J.....	1	
East Liverpool, Ohio.....		2	Philadelphia, Pa.....	4	
East Orange, N. J.....	1		Quincy, Ill.....		1
Flint, Mich.....	1		St. Louis, Mo.....		1
Fort Worth, Tex.....	1	1	San Antonio, Tex.....	2	1
Galveston, Tex.....	1		San Francisco, Cal.....	1	
Grand Rapids, Mich.....	2		Springfield, Ill.....		1
Hartford, Conn.....	1	1	Syracuse, N. Y.....	2	
Houston, Tex.....	1	1	Toledo, Ohio.....		1
Independence, Mo.....	1		Tuscaloosa, Ala.....	1	
Johnstown, Pa.....	1		White Plains, N. Y.....	1	
Kansas City, Mo.....	1		Wilmington, N. C.....	2	

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

State Reports for February, 1919.

State.	Cases reported.			State.	Cases reported.		
	Diph- theria.	Measles.	Scarlet fever.		Diph- theria.	Measles.	Scarlet fever.
Alabama.....	34	170	35	South Dakota.....	5	7	61
California.....	152	65	139	Virginia.....	93	792	73
Indiana.....		381	411				

City Reports for Week Ended Mar. 22, 1919.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Adams, Mass.....	14,406	3								
Akron, Ohio.....	93,604	46	3	56					15	
Alameda, Cal.....	28,433	4	2	1	13		2		2	
Allentown, Pa.....	65,109		2							
Alton, Ill.....	23,783	6	1	1			1			
Altoona, Pa.....	59,712		4	1	1		3			
Anderson, Ind.....	24,230									
Ann Arbor, Mich.....	15,041									
Anniston, Ala.....	14,326								3	
Ansonia, Conn.....	16,954	7		2						
Appleton, Wis.....	18,005	11								
Arlington, Mass.....	13,073	5								
Asbury Park, N. J.....	14,629	1	2	1						
Ashtabula, Ohio.....	22,068	8								
Atlanta, Ga.....	196,144	57	2	23			3			
Atlantic City, N. J.....	59,515	20		1			2		5	
Attleboro, Mass.....	19,776								2	
Auburn, N. Y.....	37,823	9					2			
Austin, Tex.....	35,612	8	1	13			2		2	
Baltimore, Md.....	594,637	219	30	1	204		41		26	
Bangor, Me.....	26,958									
Baton Rouge, La.....	17,544	1		1			2			
Battle Creek, Mich.....	30,159		4	10			2			
Bayonne, N. J.....	72,204		4		1		5			
Beacon, N. Y.....	11,674	10							1	
Beatrice, Nebr.....	10,437	9								
Beaumont, Tex.....	28,851	9							1	
Beaver Falls, Pa.....	13,749		1							
Bedford, Ind.....	10,613	2					1			
Bellaire, Ohio.....	14,575	14								
Belleville, N. J.....	12,797						2		1	
Beloit, Wis.....	18,547	11					1		1	
Berkeley, Cal.....	60,427	15					1		1	
Berlin, N. H.....	13,892	6							1	
Beverly, Mass.....	22,128	3								
Biddeford, Me.....	17,760	8								
Billings, Mont.....	15,123		2	1	4		1		1	
Birmingham, Ala.....	189,716	52	4	12			10		4	
Bloomfield, N. J.....	19,013	1		2						
Bluefield, W. Va.....	16,123						4			
Boise, Idaho.....	35,951	4					1			
Boston, Mass.....	767,813	228	49	5	12		63	1	71	23
Braddock, Pa.....	22,060		2							
Brazil, Ind.....	10,472	4							1	
Bridgeport, Conn.....	124,724	44	4	6			2		10	2
Bristol, Conn.....	16,318		2		1		1			
Brockton, Mass.....	69,152	14	3				7		6	
Brookline, Mass.....	33,526	9		3			1		1	
Brunswick, Ga.....	10,984	7		8					1	4
Buffalo, N. Y.....	475,781	163	38	6	46		24	1	25	13
Burlington, Iowa.....	25,144						3			
Burlington, Vt.....	21,802		4		20					1
Butler, Pa.....	28,677						1			
Butte, Mont.....	44,057						7			
Cadillac, Mich.....	10,158		4	2						
Cairo, Ill.....	15,995		7	1	3					

April 11, 1919.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 22, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cambridge, Mass.	114,293	38	4	—	6	—	2	—	2	8
Camden, N. J.	108,117	—	—	—	1	—	1	—	4	4
Canton, Ohio	62,506	38	1	—	—	—	2	—	2	4
Carbondale, Pa.	19,597	—	1	—	—	—	—	—	—	—
Carnegie, Pa.	11,963	—	—	—	—	—	1	—	1	—
Cedar Rapids, Iowa	38,033	—	—	—	—	—	1	—	—	—
Charleston, S. C.	61,041	18	—	—	—	—	—	—	—	—
Charleston, W. Va.	31,660	17	3	1	7	—	2	—	—	1
Charlotte, N. C.	40,739	17	—	—	19	—	—	—	1	—
Chelsea, Mass.	48,405	13	1	—	2	—	2	—	—	1
Chester, Pa.	41,857	—	2	—	—	—	—	—	—	—
Cheyenne, Wyo.	11,320	—	1	—	—	—	—	—	—	—
Chicago, Ill.	2,547,201	836	98	9	369	4	57	3	199	77
Chicopee, Mass.	29,950	5	—	—	—	—	1	—	2	1
Chillicothe, Ohio	15,625	—	3	—	1	—	—	—	—	—
Cincinnati, Ohio	414,248	220	4	—	12	—	23	—	23	—
Cleveland, Ohio	692,259	281	15	2	17	1	7	—	35	16
Clinton, Mass.	113,075	1	3	1	—	—	—	—	2	—
Coatesville, Pa.	14,998	—	—	—	18	—	—	—	—	—
Coffeyville, Kans.	18,331	—	—	—	—	—	1	—	—	—
Cohoes, N. Y.	25,292	13	—	—	—	—	4	—	—	2
Colorado Springs, Colo.	38,965	8	—	—	—	—	3	—	8	3
Columbia, S. C.	35,165	—	2	—	1	—	—	—	—	—
Columbus, Ohio	223,135	112	1	—	7	—	1	—	7	—
Concord, N. H.	22,858	8	1	—	—	—	1	—	—	1
Corpus Christi, Tex.	10,789	2	—	—	—	—	—	—	—	—
Council Bluffs, Iowa	31,838	29	3	—	1	—	4	2	—	—
Covington, Ky.	59,623	32	—	—	1	—	2	—	3	2
Cranston, R. I.	26,773	7	—	—	—	—	3	—	1	1
Cumberland, Md.	26,685	14	1	—	20	—	—	—	1	—
Dallas, Tex.	129,738	40	—	—	—	—	2	1	17	3
Danvers, Mass.	10,037	—	3	—	—	—	—	—	1	—
Danville, Va.	23,183	4	—	—	—	—	—	—	—	—
Dayton, Ohio	128,939	59	1	—	1	—	8	—	2	—
Dedham, Mass.	10,618	3	1	—	—	—	1	—	—	1
Denver, Colo.	268,439	88	4	—	2	—	14	—	—	14
Des Moines, Iowa	104,052	—	1	—	4	—	12	—	—	—
Detroit, Mich.	619,648	269	57	6	24	—	61	2	42	14
Dover, N. H.	13,276	6	—	—	—	—	—	—	—	—
Dubuque, Iowa	40,696	—	1	—	—	—	1	—	—	2
Duluth, Minn.	97,077	29	—	—	13	—	—	—	4	5
Dunmore, Pa.	21,286	—	1	—	—	—	1	—	—	—
Durham, N. C.	26,160	6	—	—	3	—	—	—	1	—
East Chicago, Ind.	30,286	16	—	—	—	—	—	—	—	—
East Cleveland, Ohio	13,864	—	—	—	1	—	—	—	—	—
East Hampton, Mass.	10,655	1	—	—	—	—	—	—	—	1
East Liverpool, Ohio	22,941	15	1	—	—	—	—	—	—	—
Easton, Pa.	30,854	—	1	—	5	—	—	—	—	—
East Orange, N. J.	43,761	11	10	1	3	—	5	—	1	—
Elgin, Ill.	28,362	11	—	—	3	—	2	—	2	1
Elmira, N. Y.	38,272	15	1	—	—	—	—	—	—	—
El Paso, Tex.	69,149	35	—	—	6	—	8	—	—	8
Englewood, N. J.	12,603	2	—	—	—	—	1	—	—	—
Eureka, Cal.	15,142	2	—	—	—	—	—	—	—	—
Evanston, Ill.	29,394	7	2	—	3	—	—	—	—	—
Evansville, Ind.	76,981	31	1	—	—	—	3	—	2	1
Everett, Mass.	40,160	9	4	1	6	1	2	—	2	2
Fairmount, W. Va.	16,111	—	1	—	—	—	—	—	—	—
Fall River, Mass.	129,828	37	3	1	60	2	—	—	5	5
Fargo, N. Dak.	17,872	13	—	—	2	—	7	—	—	1
Findlay, Ohio	14,858	6	—	—	6	—	—	—	—	—
Flint, Mich.	57,386	19	3	—	—	—	2	—	—	—
Fond du Lac, Wis.	21,486	11	—	—	—	—	4	—	—	1
Fort Scott, Kans.	10,564	2	—	—	—	—	—	—	—	—
Fort Wayne, Ind.	78,614	25	1	—	1	—	2	—	2	—
Fort Worth, Tex.	109,507	16	1	1	18	—	2	—	1	1
Fostoria, Ohio	10,959	2	—	—	—	—	—	—	—	—
Framingham, Mass.	14,149	4	1	—	—	—	1	—	2	—
Frederick, Md.	11,225	7	1	—	—	—	—	—	—	—
Freeport, Ill.	19,844	10	—	—	—	—	—	—	—	1
Fresno, Cal.	36,314	16	1	—	1	—	2	—	—	1
Galveston, Tex.	42,650	9	—	—	—	—	—	—	—	1
Geneva, N. Y.	13,913	7	—	—	—	—	—	—	—	—

¹ Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 22, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Grand Forks, N. Dak.	16,342	5			11		1		9	2
Grand Rapids, Mich.	132,861	47			18		2			
Great Falls, Mont.	13,948	12							2	2
Green Bay, Wis.	30,017	21								
Greenfield, Mass.	12,251	4	7						1	1
Greensboro, N. C.	20,171	6							1	1
Greenville, S. C.	18,574	2							1	
Greenwich, Conn.	19,594				1		1		1	
Hackensack, N. J.	17,412	16								
Hammond, Ind.	27,016	19								
Hancock, Mich.	12,573	1								
Harrisburg, Pa.	73,276				10		5			
Harrison, N. J.	17,345		1				1		1	
Hartford, Conn.	112,831	60	7	1	39	1	11	1	6	1
Haverhill, Mass.	49,180	16	2	1					2	1
Hazleton, Pa.	28,981						2			
Hibbing, Minn.	17,520	2								
Highland Park, Mich.	33,859	7	7		4		4		3	
High Point, N. C.	13,439								1	
Hoboken, N. J.	78,324	29	10		4				8	2
Holyoke, Mass.	66,503	15					6			
Houston, Tex.	116,878	36	2		5				4	2
Hudson, N. Y.	12,898	12								2
Hutchinson, Kans.	21,461				1					
Independence, Kans.	15,111	10			8	1			1	
Indianapolis, Ind.	233,622	148	17	2	52		12		6	5
Ironton, Ohio.	14,079	7			1					1
Ironwood, Mich.	15,095	9					2			
Ithaca, N. Y.	16,017	6			3		10			
Jamestown, N. Y.	37,431	16			2				1	
Jersey City, N. J.	312,557		27		20		10		12	
Johnstown, N. Y.	10,678	1	1					1		
Johnstown, Pa.	70,473		7							
Kalamazoo, Mich.	30,408	19					7		2	1
Kansas City, Kans.	102,036		5		6		1		6	
Kansas City, Mo.	205,816	154	7	2	42	2	10		1	13
Kearny, N. J.	24,325	1			2		1		2	
Keene, N. H.	10,725	4								
Kenosha, Wis.	32,833		2		22		2			
Knoxville, Tenn.	59,112		1		6		2		4	4
Kokomo, Ind.	21,429	22					10			
Lackawanna, N. Y.	16,219	4			5		2		2	
La Crosse, Wis.	31,833	17	2							2
La Fayette, Ind.	21,481	5					2			1
Lakewood, Ohio.	23,813	11							3	3
Lancaster, Ohio.	16,086	5			3		2			1
Lancaster, Pa.	51,37		3		143				1	
Laurel, Miss.	12,313		1							
Lawrence, Kans.	13,477	3							1	
Lebanon, Pa.	20,947				48				2	
Leominster, Mass.	21,365	8	1		8				3	1
Lima, Ohio.	37,145	5	2							
Lincoln, Nebr.	46,957	26					4			
Lincoln, R. I.	10,473		1							
Little Rock, Ark.	58,716	17			1		5		1	3
Lockport, N. Y.	20,028	9			8					
Logansport, Ind.	21,338	7					2	1		
Long Beach, Cal.	29,163	20					3			
Long Branch, N. J.	15,733	7	1		1				1	
Lorain, Ohio.	38,266	14	2		23					
Los Angeles, Cal.	135,485	173	4	1	14		19		45	27
Louisville, Ky.	240,808	179		1	17		5		5	20
Lowell, Mass.	114,366	40	4		6		9		4	3
Lynchburg, Va.	33,497	9								
Lynn, Mass.	104,534	29	4		19		8		1	2
McKeesport, Pa.	48,290				5					
Macon, Ga.	46,099	18			3					
Madison, Wis.	31,315	29			19		2			
Mahanoy City, Pa.	17,709		3							
Malden, Mass.	82,243	9							1	
Manchester, Conn.	15,859				2		1			

¹ Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 22, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Manchester, N. H.	79,607	20	2				1		3	3
Manitowoc, Wis.	13,931	8								2
Marinette, Wis.	14,610	12			3		1			
Marion, Ind.	19,923	14			1		10		1	
Marion, Ohio.	24,129								1	
Marlboro, Mass.	15,285	2			2				1	
Marquette, Mich.	12,555	4								
Martinsburg, W. Va.	12,984									
Martins Ferry, Ohio.	10,135			3		13	4		1	
Mason City, Iowa.	14,938	9								
Medford, Mass.	26,681	9					5			1
Melrose, Mass.	17,724	4					1			
Memphis, Tenn.	151,877	165	7		37		3		18	5
Meriden, Conn.	29,431		1		1		3		1	
Methuen, Mass.	14,320	2	1		5	3				
Middletown, N. Y.	15,890								3	1
Middletown, Ohio.	16,384	9					1			1
Milwaukee, Wis.	445,008	130	15		1		41		18	8
Minneapolis, Minn.	373,448	125	27	3	7		12	1	23	11
Mobile, Ala.	59,201	29	1		5	3				3
Moline, Ill.	27,976	4								
Monessen, Pa.	23,070		2							
Montclair, N. J.	27,087	1			1					1
Montgomery, Ala.	44,039	16								1
Morgantown, W. Va.	14,444	5	1				1		2	2
Morristown, N. J.	13,410	8			1		1			1
Mount Carmel, Pa.	20,703									
Mount Vernon, N. Y.	37,991	13	1		1		1		1	
Muscatine, Iowa.	17,713									1
Nanticoke, Pa.	23,811		1		2		3			
Nashua, N. H.	27,541	11					8			1
Nashville, Tenn.	118,136	61			18		2		2	4
Natick, Mass.	10,140	4								
New Bedford, Mass.	121,622	37	3				3			7
New Britain, Conn.	55,385	29		1	6	2	4		10	3
New Brunswick, N. J.	25,855				3		4			
Newburgh, N. Y.	29,893	9					1		1	1
Newburyport, Mass.	15,291	8					1			
New Castle, Pa.	41,915		1				4			
New Haven, Conn.	152,275	42	11		29		1		5	1
New London, Conn.	21,199	13	4				1			1
New Orleans, La.	377,010	136	7		2				33	23
Newport, Ky.	32,133	15								
Newport, R. I.	30,585	1								1
Newton, Mass.	44,345	6	1							2
New York, N. Y.	5,737,402	1,815	378	34	75	1	147	8	204	172
Niagara Falls, N. Y.	38,466	22	1		1				4	
Norfolk, Va.	91,148				1		3		1	1
Norristown, Pa.	31,969		1		46		6			
North Adams, Mass.	122,019	9							1	1
Northampton, Mass.	20,066	9	1							
North Tonawanda, N. Y.	14,060	7			18					
Norwalk, Conn.	27,332		1				2			
Norwich, Conn.	21,923	1	1		1					1
Norwood, Ohio.	23,269	10								2
Oakland, Cal.	206,405	44	1				13		4	1
Oak Park, Ill.	27,816	5	1		5					
Ogdensburg, N. Y.	16,845	7								
Ogden, Utah.	32,343	12					2		1	
Oil City, Pa.	20,162		1							
Oklahoma City, Okla.	97,588	18					1			
Olean, N. Y.	16,927	10								
Omaha, Nebr.	177,777	52			11		3			2
Orange, Conn.	14,393	6			3					4
Orange, N. J.	33,636	12	2						1	2
Palestine, Tex.	12,075		1							
Parkersburg, W. Va.	21,059	8			1	1	1			
Pasadena, Cal.	49,620	11			1		2			
Passaic, N. J.	74,478	10	2						4	
Paterson, N. J.	140,512	2	5		1		6			
Peekskill, N. Y.	19,034	5								
Peoria, Ill.	72,184	44	1				2			3
Perth Amboy, N. J.	42,646	10	1						6	

¹ Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 22, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Philadelphia, Pa.	1,735,514	611	72	12	66	2	82	1	135	63
Phillipsburg, N. J.	15,879	5								
Phoenixville, Pa.	11,871				4					
Piqua, Ohio	14,275	7								
Pittsburgh, Pa.	586,196		28		5		8		28	
Pittsfield, Mass.	39,678	13								1
Pittston, Pa.	18,975		4							
Plainfield, N. J.	24,330	7		1			1			
Plattsburg, N. Y.	13,111	4							2	
Plymouth, Mass.	14,001	3								
Plymouth, Pa.	19,439		1		16		1			
Pomona, Cal.	13,624	5								
Pontiac, Mich.	18,000	7	6		2	1				
Port Chester, N. Y.	16,727	6	1	1						
Portland, Me.	64,720	23					5			1
Portland, Oreg.	308,399	73	3	1	2		7		16	6
Portsmouth, Va.	40,693	5			6				1	
Pottsville, Pa.	22,717		3		4				2	
Poughkeepsie, N. Y.	30,786	12	2				3		1	1
Providence, R. I.	259,895	79	8		2		16			8
Pueblo, Colo.	56,084		2		1		2			
Quincy, Ill.	36,832	10	1				7			
Quincy, Mass.	39,022	9			1					
Racine, Wis.	47,465	6								1
Rahway, N. J.	10,361	3								
Raleigh, N. C.	20,274		12							1
Reading, Pa.	111,607		3		144		2		4	
Redlands, Cal.	14,573	4								3
Reno, Nev.	15,514	9								
Richmond, Va.	158,702	58			20		1		5	8
Riverside, Cal.	20,496	10					1			1
Roanoke, Va.	46,282	13	2		16				1	
Rochester, N. Y.	264,714	93	10	2	3		12	1	13	12
Rock Island, Ill.	29,452	9			1					
Rocky Mount, N. C.	12,673		1						2	
Rome, N. Y.	24,259		1		1		2		4	
Rutland, Vt.	15,038	10								
Sacramento, Cal.	68,984	26	1				2		2	
Saginaw, Mich.	56,469	18					1			1
St. Joseph, Mo.	86,498	30	6		1		3			4
St. Louis, Mo.	768,630	309	36	6	10		18	1	36	15
St. Paul, Minn.	252,465	83	23	3	14	1	12	1	7	4
Salem, Mass.	49,346	19	7				8		1	2
Salem, Oreg.	21,274		12						2	
Salt Lake City, Utah.	121,623	25	4		5		2			3
San Angelo, Tex.	10,321	4								2
San Antonio, Tex.	128,215	17	11				3		10	8
San Diego, Cal.	56,412	27					1		8	5
Sandusky, Ohio.	20,226		11							1
Sanford, Me.	11,217	2								
San Francisco, Cal.	471,023	148	12	4	3		4		26	15
San Jose, Cal.	39,810						1		1	
Santa Barbara, Cal.	15,360	7							1	1
Santa Cruz, Cal.	15,150	3							1	
Saratoga Springs, N. Y.	13,539	5							3	
Saugus, Mass.	10,210	2	3		1				1	
Sault Ste. Marie, Mich.	14,130	3								
Schenectady, N. Y.	103,774	29	2						3	
Seattle, Wash.	366,445		4		34		14			
Shanklin, Pa.	21,274		10							
Sharon, Pa.	19,156									
Somerville, Mass.	88,618	21	9	1	1		4		5	2
South Bend, Ind.	70,967	23	1		75		2			
Southbridge, Mass.	14,465	4								
Spartanburg, S. C.	21,985	4			1				1	1
Spokane, Wash.	157,656		1				5			
Springfield, Ill.	62,623	20					1		2	
Springfield, Mass.	108,668	42	1				2		4	3
Springfield, Ohio.	52,296	18			26					
Steeltown, Pa.	15,759				6				3	
Steubenville, Ohio.	28,259	22	1						1	
Streator, Ill.	14,313	12			1					
Superior, Wis.	47,167	12	2							1

¹Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Mar. 22, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Syracuse, N. Y.	158,559	52	9	1	3	—	9	1	5	2
Tacoma, Wash.	117,446	—	—	—	23	—	—	—	—	—
Taunton, Mass.	36,610	16	—	—	7	—	—	—	—	3
Terre Haute, Ind.	67,361	32	—	—	—	—	—	—	—	—
Tiffin, Ohio	12,962	13	1	—	—	—	—	—	—	1
Toledo, Ohio	202,010	104	3	1	2	—	8	1	6	7
Topka, Kans.	49,538	27	1	—	—	—	1	—	—	—
Trenton, N. J.	113,974	34	6	1	1	—	—	—	6	3
Tuscaloosa, Ala.	10,824	—	3	—	1	—	1	—	2	—
Uniontown, Pa.	21,600	—	2	—	—	—	—	—	—	—
Utica, N. Y.	89,272	31	7	1	3	—	1	—	4	2
Vallejo, Cal.	13,803	3	3	1	—	—	—	—	—	—
Walla Walla, Wash.	26,067	—	—	—	—	—	6	—	—	—
Waltham, Mass.	31,011	—	2	—	—	—	1	—	1	3
Washington, D. C.	369,262	152	63	3	4	—	27	1	29	15
Washington, Pa.	22,076	—	—	—	—	—	—	—	—	—
Waterbury, Conn.	89,201	—	4	—	2	—	5	—	—	—
Watertown, Mass.	15,188	4	1	—	2	—	—	1	—	—
Watertown, N. Y.	30,404	4	—	—	—	—	—	—	—	—
Wausau, Wis.	19,666	8	—	—	—	—	—	—	—	—
Westfield, Mass.	18,769	7	—	—	—	—	2	—	—	1
West Hoboken, N. J.	44,386	15	1	—	1	—	1	—	—	—
West New York, N. J.	19,613	2	4	—	—	—	1	—	1	—
West Orange, N. J.	13,964	6	5	1	—	—	2	—	—	—
Wheeling, W. Va.	43,657	28	1	—	1	—	—	—	—	—
White Plains, N. Y.	23,331	2	—	—	—	—	1	—	—	—
Wichita, Kans.	73,597	36	—	—	—	1	—	—	3	—
Wilkes-Barre, Pa.	78,334	—	1	—	23	—	1	—	1	—
Wilkinsburg, Pa.	23,869	—	2	—	—	—	—	—	—	—
Wilmington, Del.	95,369	33	4	—	—	—	1	—	—	3
Wilmington, N. C.	30,400	7	—	—	—	—	1	—	3	2
Winchester, Mass.	10,812	2	—	—	—	—	—	—	—	—
Winona, Minn.	18,583	6	—	—	—	—	—	—	—	—
Winston-Salem, N. C.	33,136	17	2	—	44	—	—	—	2	3
Winthrop, Mass.	13,105	1	—	—	—	—	5	—	—	—
Weaburn, Mass.	16,076	2	—	—	—	—	—	—	—	—
Worcester, Mass.	166,106	71	10	—	26	1	3	—	9	7
Yakima, Wash.	22,058	—	—	—	—	—	—	—	—	—
Yonkers, N. Y.	103,066	20	3	—	4	—	4	—	7	1
Youngstown, Ohio	112,282	56	3	—	57	—	5	—	4	2
Zanesville, Ohio	31,320	11	—	—	—	—	—	—	—	—

¹ Population Apr. 15, 1910.

FOREIGN.

AUSTRALIA.

Quarantine Against Arrivals from Honolulu Modified.

According to information dated February 26, 1919, quarantine detention of vessels arriving at ports in Australia from Honolulu will be reduced to a period of four days if certificates can be produced showing that medical inspection of all persons on board, with thermometer observations, was conducted prior to departure and that no sickness existed on board the vessels. Otherwise the detention period after arrival will be seven days.

CUBA.

Communicable Diseases—Habana.

Communicable diseases have been notified at Habana as follows:

Diseases.	Mar. 1-10, 1919.		Remaining under treatment Mar. 10, 1919.	Diseases.	Mar. 1-10, 1919.		Remaining under treatment Mar. 10, 1919.
	New cases.	Deaths.			New cases.	Deaths.	
Broncho-pneumonia.....	13	2	111	Malaria.....	11	.....	22
Diphtheria.....			2	Scarlet fever.....		1	1
Gripe.....	54	11	197	Typhoid fever.....	6	1	32
Leprosy.....			17	Varicella.....		2	3

¹ Deducting those left in hospitals.

² From the interior 19.

³ From the interior 16.

GREAT BRITAIN.

Recurrence of Influenza—Belfast, Ireland.

Recurrence of influenza, with many cases, was reported during the month of February, 1919, at Belfast, Ireland. During the week ended February 27, 16 deaths from influenza were notified out of a total of 216 deaths. On March 11 the epidemic was reported to be declining. The virulence of the disease was stated to be much less than during the outbreak in November, 1918, and the rate of mortality small compared with the number of cases.

GREECE.

Epidemic Cerebrospinal Meningitis—Patras.

Epidemic cerebrospinal meningitis was reported at Patras, Greece, March 25, 1919.

NETHERLANDS.

Influenza—Acute Respiratory Diseases—November—December, 1918.¹

Reports of influenza prevalence in the Netherlands show the occurrence of 10,676 fatal cases during the month of November, 1918, and 2,886 fatal cases during the month of December, 1918. During the same periods the mortality from other acute respiratory diseases was reported as follows: Month of November, 1918, 16,960; month of December, 1918, 5,321. The population of the Netherlands was estimated, December 31, 1917, as 6,724,663. The distribution of the reported mortality according to provinces and populations was as follows:

Province.	Influenza.		Other acute respiratory diseases.		Population, Dec. 31, 1917.
	November, 1918.	December, 1918.	November, 1918.	December, 1918.	
North Brabant.....	1,204	218	2,075	527	714,973
Gelderland.....	1,129	217	1,960	496	723,437
South Holland.....	1,885	794	2,901	1,367	1,636,097
North Holland.....	1,348	293	2,274	(223)	1,270,808
Zealand.....	453	124	637	202	245,933
Utrecht.....	375	124	781	308	327,192
Friesland.....	765	260	1,104	384	384,363
Overijssel.....	774	214	1,077	363	431,757
Groningen.....	959	242	1,474	361	358,663
Drenthe.....	1,043	213	1,285	291	200,951
Limburg.....	731	187	1,392	399	430,489
Total.....	10,676	2,886	16,960	5,321	6,724,663

SWITZERLAND.

Influenza—1918-1919.

During the year 1918 there were reported 664,433 cases of influenza in Switzerland. (See p. 723.) At Basel 1,558 cases were reported during the month of January and 929 during the period February 1 to 15, 1919. At St. Gall 390 cases were reported in January and 40 cases during the first two weeks in February, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.

Reports Received During Week Ended Apr. 11, 1919.²

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	Jan. 25-Feb. 1.....	3,183	2,866	
Calcutta.....	Jan. 25-Feb. 8.....		219	
Madras.....	Feb. 9-15.....	26	15	
Rangoon.....	Feb. 2-8.....	1	1	
Indo-China:				
Cochin-China—Saigon.....	Jan. 27-Feb. 2.....	32	13	

¹ Public Health Reports, Mar. 21, 1919, p. 589.² From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received During Week Ended Apr. 11, 1919—Continued.
CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
East Java.....				
Surabaya district.....	Jan. 8-14.....	12	9	Jan. 8-14, 1919; Cases, 74; deaths, 40.
Philippine Islands:				
Manila.....	Feb. 2-8.....	3	1	Feb. 2-8, 1919; Cases, 166; deaths, 118.
Provinces.....				
Bataan.....	Feb. 2-8.....	1	1	
Batangas.....	do.....	1		
Bohol.....	do.....	9	6	
Bulacan.....	do.....	5	4	
Ilocos Sur.....	do.....	14	10	
Iloilo.....	do.....	14	6	
Laguna.....	do.....	12	10	
Misamis.....	do.....	32	20	
Oecidental Negros.....	do.....	6	3	
Oriental Negros.....	do.....	10	4	
Pangasinan.....	do.....	8	4	
Sorsogon.....	do.....	36	32	
Tayabas.....	do.....	12	12	
Zamboanga.....	do.....	6	6	
Provinces.....				
Bohol.....	Feb. 9-15.....	17	13	Feb. 9-15, 1919; Cases, 109; deaths, 67.
Bulacan.....	do.....	3	2	
Ilocos Sur.....	do.....	5	6	
Iloilo.....	do.....	43	25	
Laguna.....	do.....	9	3	No cases in city of Laguna.
Misamis.....	do.....	19	8	
Oriental Negros.....	do.....	3	2	
Pangasinan.....	do.....	7	5	
Tayabas.....	do.....	3	3	

PLAQUE.

Ceylon:				
Colombo.....	Feb. 9-15.....	1	1	
Ecuador:				
Buenos.....	Feb. 16-28.....	1	1	
Guayaquil.....	do.....	7	1	
Egypt:				
Suez.....	Jan. 31-Mar. 1.....	1	1	Jan. 31-Mar. 6, 1919; Cases, 69; deaths, 57.
India:				
Bombay.....	Jan. 25-Feb. 1.....	4	4	Jan. 25-Feb. 1, 1919; Cases, 2,700; deaths, 1,800.
Calcutta.....	Feb. 2-8.....	2		
Madras.....	Feb. 9-15.....	1	1	
Madras Presidency.....	do.....	354	244	
Rangoon.....	Jan. 25-Feb. 8.....	29	28	
Indo-China:				
Cochin-China—Saigon.....	Jan. 27-Feb. 2.....	2	1	
Java:				
East Java.....				
Surabaya district.....	Jan. 8-14.....	14	14	Jan. 8-14, 1919; Cases, 37; deaths, 37.

SMALLPOX.

Canada:				
Ontario—Ottawa.....	Mar. 16-22.....	2		
China:				
Canton.....	Feb. 9-15.....			Present.
Chungking.....	Jan. 23-Feb. 8.....			Do.
Nanking.....	Feb. 16-22.....			Do.
Egypt:				
Alexandria.....	Feb. 12-25.....	5	1	
India:				
Bombay.....	Jan. 25-Feb. 1.....	31	7	
Calcutta.....	Jan. 25-Feb. 8.....		53	
Madras.....	Feb. 9-18.....	24	17	
Rangoon.....	Jan. 25-Feb. 8.....	160	54	
Indo-China:				
Cochin-China—Saigon.....	Jan. 27-Feb. 2.....	5		

April 11, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received During Week Ended Apr. 11, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Italy: Messina.....	Mar. 2-8.....	1		
Japan: Kobe.....	Feb. 16-Mar. 1.....	153	43	
Java: East Java.....				Cases reported at several localities in Province.
Surabaya district.....	Jan. 8-14.....		1	Jan. 8-14, 1919: Deaths, 1.
Philippine Islands: Manila.....	Feb. 9-15.....	6		Varioloid, 2.
Sweden: Stockholm.....	Feb. 2-8.....		1	

TYPHUS FEVER.

Colombia: Barranquilla.....	Mar. 2-8.....		1	
Egypt: Alexandria.....	Feb. 12-25.....	81	18	Confined to one quarter of city and mostly natives.
Italy: Bari.....	Feb. 3-9.....	19		In soldiers returning from Black Sea.
Naples.....	do.....	3		Do.
Taranto.....	do.....	2		
Mexico: Guadalajara.....	Dec. 1-31.....	2	1	
Netherlands: Delft.....	Feb. 26.....			Present.
Harlem.....	do.....			Do.
Leiden.....	do.....			Do.
Limburg.....	do.....	5		Mining district.
Schiedam.....	do.....			Present.

YELLOW FEVER.

Ecuador: Duran.....	Feb. 16-28.....	1		
Guayaquil.....	do.....	10	5	
Hacienda Vainilla.....	do.....	1		
Naranjito.....	do.....	1	1	

Reports Received from Dec. 28, 1918, to Apr. 4, 1919.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon: Colombo.....	Nov. 17-30.....	4	5	
Germany: Berlin.....	To Oct. 5.....	17	11	
Bremen.....	Oct. 13-19.....	1		On a barge. 1 case in October, 1918, on a barge in canal.
Marienwerder.....				
India: Bombay.....	Aug. 18-Dec. 28.....	1,351	1,031	
Do.....	Dec. 29-Jan. 25.....	3,788	3,363	
Calcutta.....	Sept. 20-Dec. 21.....		241	Report for Nov. 23, 1918, missing.
Do.....	Dec. 29-Jan. 25.....		501	
Karachi.....	Jan. 26-Feb. 8.....	2	2	
Madras.....	Oct. 5-Dec. 28.....	264	164	Oct. 27-Nov. 2, 1918: Cases, 9; deaths, 4.
Do.....	Jan. 5-Feb. 1.....	374	267	
Rangoon.....	Oct. 5-Dec. 21.....	35	33	
Do.....	Dec. 29-Jan. 18.....	13	10	
Indo-China.....	July 1-Aug. 31.....			July 1-Aug. 31, 1918: Cases, 670; deaths, 412.
Anam.....	37	30		
Cambodia.....	do.....	322	169	
Cochin-China.....	do.....	357	279	
Saigon.....	Oct. 7-Dec. 22.....	75	45	
Do.....	Dec. 3-Jan. 26.....	148	82	
Kwang-Chow-Wan.....	July 1-31.....	50	34	
Tonkin.....	July 1-Aug. 31.....	4		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from Dec. 28, 1918 to Apr. 4, 1919—Continued.
CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
East Java.....				
Surabaya district.....	Oct. 7-Dec. 31.....	655	423	Oct. 7-Dec. 31, 1918: Cases, 381; deaths, 323. Jan. 1-7, 1919: Cases, 7; deaths, 6.
Do.....	Jan. 1-7.....	4	4	Sept. 25-Dec. 18, 1919: Cases, 3,282; deaths, 2,014.
Mid-Java.....	Sept. 26-Oct. 16.....	120	111	Oct. 3-Dec. 11, 1918: Cases, 412; deaths, 238. Dec. 27, 1918-Jan. 23, 1919: Cases, 10; deaths, 3.
West Java.....				
Samarang.....				
Batavia.....	Oct. 3-Dec. 11.....	291	148	
Do.....	Dec. 27-Jan. 23.....	8	2	
Cheribon.....	Jan. 3-9.....	1		
Mesopotamia:	Oct 11-18.....	8		
Bagdad.....				
Philippine Islands:				
Manila.....	Sept. 22-Dec. 28.....	181	121	Nov. 2-9, 1918: Cases, 311; deaths, 417. Nov. 17-Dec. 28, 1918: Cases, 1,203; deaths, 858. Dec. 29, 1918-Feb. 1, 1919: Cases, 539; deaths, 398.
Do.....	Dec. 29-Feb. 1.....	16	7	
Provinces:				
Albay.....	Dec. 15-21.....	1	1	
Bataan.....	Nov. 17-Dec. 28.....	38	32	
Do.....	Jan. 5-11.....	2	2	
Batangas.....	Nov. 2-9.....	156	141	
Do.....	Nov. 17-Dec. 28.....	79	65	
Do.....	Dec. 29-Feb. 1.....	20	15	
Bohol.....	Nov. 2-9.....	19	17	
Do.....	Nov. 17-Dec. 21.....	12	5	
Do.....	Jan. 12-Feb. 1.....	22	15	
Bulacan.....	Oct. 27-Nov. 2.....	5	6	
Do.....	Nov. 17-Dec. 28.....	44	30	
Do.....	Dec. 29-Feb. 1.....	28	17	
Capiz.....	Dec. 22-28.....	7	5	
Do.....	Jan. 5-25.....	28	14	
Cavite.....	Oct. 27-Nov. 2.....	38	28	
Do.....	Nov. 17-Dec. 21.....	163	75	
Do.....	Dec. 29-Jan. 25.....	17	16	
Cebu.....	Dec. 15-21.....	41	20	
Do.....	Jan. 12-18.....	13	12	
Ilocos Sur.....	Dec. 8-28.....	17	8	
Do.....	Dec. 29-Feb. 1.....	37	22	
Iloilo.....	Oct. 27-Nov. 2.....	9	6	
Do.....	Nov. 17-Dec. 21.....	70	51	
Do.....	Jan. 5-Feb. 1.....	49	35	
Laguna.....	Oct. 27-Dec. 28.....	18	11	
Do.....	Dec. 29-Feb. 1.....	46	38	
Lanao.....	Jan. 5-11.....	8	4	
Mindoro.....	Nov. 24-30.....	4	5	
Misamis.....	Oct. 27-Nov. 2.....	6	5	
Do.....	Nov. 17-Dec. 28.....	75	48	
Do.....	Jan. 5-18.....	23	17	
Nueva Ecija.....	Jan. 12-25.....	9	6	
Oriental Negros.....	Nov. 2-9.....	20	8	
Do.....	Nov. 17-Dec. 7.....	6	6	
Do.....	Jan. 5-Feb. 1.....	22	16	
Pampanga.....	Nov. 24-Dec. 14.....	4	4	
Do.....	Jan. 5-Feb. 1.....	15	12	
Pangasinan.....	Nov. 2-9.....	236	192	
Do.....	Nov. 17-Dec. 28.....	428	313	
Do.....	Dec. 29-Feb. 1.....	119	91	
Rizal.....	Oct. 27-Nov. 2.....	3	1	
Do.....	Nov. 24-30.....	16	5	
Samar.....	Dec. 15-21.....	8	1	
Sorsogon.....	Nov. 17-23.....	8	4	
Do.....	Jan. 19-25.....	8	4	
Tayabas.....	Nov. 2-9.....	7	4	
Do.....	Nov. 17-Dec. 28.....	54	25	
Do.....	Dec. 29-Feb. 1.....	54	47	
Union.....	Nov. 2-Dec. 28.....	18	14	
Zamboanga.....	Dec. 8-28.....	27	19	
Do.....	Jan. 5-18.....	19	15	
Poland:				
Warsaw.....	Sept. 29-Oct. 5.....	2		
Russia:				
Petrograd.....	To July 16.....	3,388	1,054	In civil and military hospitals.
Do.....	July 17-Sept. 11.....	3,479	1,455	In military hospitals, July 5-Aug. 21, 1918: Cases, 884; deaths, 783.
Ukrania—				
Ekaterinoslav.....	Sept. 1-20.....	7	6	Sept. 1-20, 1918: 11 cases on s. s. Helena.
Odessa.....	do.....	25		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from Dec. 28, 1918 to Apr. 4, 1919—Continued.
PLAQUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	Oct. 27-Nov. 2.....	1	1	
China:				
Amoy.....	Nov. 24-Dec. 8.....			Present.
Chungking.....	Dec. 1-7.....			Do.
Hongkong.....	Oct. 1-Dec. 28.....	4	4	
Do.....	Jan. 1-31.....	5	4	
Ecuador:				
Guayaquil.....	July 1-Dec. 31.....	20	7	
Do.....	Jan. 1-Feb. 15.....	36	12	
Taura.....	Dec. 16-31.....	1	1	
Egypt:				
Provinces—				
Assiout.....	Feb. 24-27.....	5	2	1 septicemic.
Girgeh.....	Feb. 22-24.....	4	2	2 pneumonic.
Minieh.....	Feb. 21-27.....	2	2	1 pneumonic.
Suez.....	Jan. 31-Feb. 23.....	2	1	
India:				
Bombay.....	Aug. 18-Dec. 28.....	41	29	Sept. 23-Dec. 28, 1918: Cases, 24, 279; deaths, 18,369. Dec. 29, 1918-Jan. 25, 1919: Cases, 7,840; deaths, 5,720.
Do.....	Jan. 12-18.....	1	1	
Calcutta.....	Dec. 22-28.....		1	
Do.....	Jan. 12-18.....		1	
Karachi.....	Oct. 19-Dec. 28.....	17	17	
Do.....	Dec. 29-Jan. 25.....	5	5	
Madras.....	Dec. 8-28.....	26	17	
Do.....	Dec. 29-Feb. 1.....	128	57	
Madras Presidency.....	Oct. 13-Dec. 28.....	1,152	774	Oct. 27-Nov. 2, 1918: Cases, 142; deaths, 38.
Do.....	Dec. 29-Feb. 1.....	1,622	1,060	
Rangoon.....	Oct. 5-Dec. 21.....	84	81	
Do.....	Dec. 29-Jan. 25.....	35	33	
Indo-China:				
Anam.....	July 1-Aug. 31.....	37	32	July 1-Aug. 31, 1918: Cases, 123 deaths, 115.
Cambodia.....	do.....		49	
Cochin-China.....	do.....	57	33	
Saigon.....	Oct. 7-Nov. 24.....	5	1	
Do.....	Jan. 13-19.....	1	1	
Kwang-Chow-Wan.....	July 1-31.....	1	1	
Java:				
East Java.....				
Surabaya (district).....	Oct. 7-Dec. 31.....	92	92	Oct. 7-Nov. 18, 1918: Cases, 109; deaths, 109. Jan. 1-7, 1919: Cases, 32; deaths, 32.
Do.....	Jan. 1-7.....	20	20	
Mid-Java.....				
Samarang.....	Sept. 25-Oct. 16.....	6	6	Sept. 25-Oct. 16, 1918: Cases, 14; deaths, 14.
Mesopotamia:				
Bagdad.....	Nov. 16-29.....	5	2	
Siam:				
Bangkok.....	Sept. 21-28.....	4	3	
Do.....	Oct. 5-12.....	2	2	
Venezuela:				
Caracas.....	Dec. 30.....	1		
On vessel:				
S. S. Japan.....	Jan. 14.....	1	1	At Suez quarantine station from Bombay.

SMALLPOX.

Algeria:				
Algiers.....	Oct. 1-Dec. 31.....	2	1	
Brazil:				
Rio de Janeiro.....	Dec. 1-28.....	46	19	Oct. 6-12, 1918: Cases, 15; deaths, 10.
Do.....	Dec. 30-Jan. 25.....	25	11	
British East Africa:				
Mombasa.....	Sept. 1-Nov. 30.....	6	1	
Canada:				
New Brunswick—				
Campbellton.....	Dec. 22-28.....	1		
Do.....	Jan. 5-18.....	2		
St. John.....	Nov. 8-14.....	3		
Do.....	Jan. 26-Feb. 22.....	6		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from Dec. 28, 1918 to Apr. 4, 1919—Continued.
SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Canada—Continued.				
Nova Scotia—				
Bear River.....	Dec. 29-Jan. 4.....			
Bigbee.....	Jan. 10.....			Present.
Digby.....	do.....			Do.
Halifax.....	Dec. 7-28.....	10		Do.
Do.....	Jan. 5-Mar. 15.....	161		
Middleton.....	Dec. 29-Jan. 4.....			
Sydney.....	Jan. 5-Mar. 8.....	4		Do.
Ontario—				
North Bay.....	Jan. 19-25.....	1		
Ottawa.....	Jan. 12-Mar. 15.....	10		
Toronto.....	Feb. 2-15.....	2		
Prince Edward Island:				
Charlotte Town.....	Feb. 27-Mar. 5.....	1		
Quebec—				
Montreal.....	Jan. 24-Dec. 21.....	2		
Do.....	Jan. 12-Mar. 8.....	30		
Paspébiac.....	do.....	8		
Quebec.....	Dec. 15-21.....	1		
Do.....	Dec. 29-Mar. 15.....	14		
Ceylon:				
Colombo.....	Jan. 12-18.....	1		
China:				
Amoy.....	Oct. 13-Dec. 28.....			
Do.....	Jan. 5-Feb. 17.....			Do.
Antung.....	Feb. 10-16.....	1		Do.
Canton.....	Nov. 17-23.....			Do.
Chungking.....	Nov. 10-Dec. 23.....			Do.
Do.....	Jan. 5-18.....			Do.
Foochow.....	Nov. 24-Dec. 23.....			Do.
Do.....	Dec. 29-Feb. 8.....			Do.
Hongkong.....	Dec. 15-21.....	1	1	
Do.....	Feb. 2-8.....	1		
Nanking.....	Dec. 1-28.....			Do.
Do.....	Dec. 29-Feb. 8.....			Do.
Shanghai.....	Jan. 20-25.....	1		
Chosen (Korea):				
Chemulpo.....	Nov. 1-Dec. 31.....	15	4	
Do.....	Jan. 1-31.....	6	1	
Denmark:				
Copenhagen.....	Nov. 9-Dec. 28.....	12		
Do.....	Dec. 29-Jan. 19.....	15		
Egypt:				
Alexandria.....	Dec. 17-23.....	1	1	
Do.....	Jan. 22-28.....	1		
France:				
Bordeaux.....	Feb. 8-13.....		1	
Great Britain:				
Liverpool.....	Jan. 26-Mar. 1.....	5		
Greece:				
Saloniki.....	Feb. 2-15.....		3	
India:				
Bombay.....	Aug. 18-Dec. 28.....	35	8	
Do.....	Dec. 23-Jan. 25.....	49	17	
Calcutta.....	Sept. 29-Dec. 28.....		17	
Do.....	Dec. 29-Jan. 25.....		27	
Karachi.....	Sept. 29-Dec. 28.....	13	4	
Do.....	Dec. 29-Feb. 8.....	34	8	
Madras.....	Oct. 5-Dec. 28.....	62	40	
Do.....	Dec. 29-Feb. 1.....	65	23	
Rangoon.....	Oct. 20-Dec. 21.....	32	6	
Do.....	Dec. 29-Jan. 18.....	68	18	
Indo-China:				
Anam.....	July 1-Aug. 31.....	87	51	
Cambodia.....	Aug. 1-31.....	78	40	
Cochin-China.....	July 1-Aug. 31.....	335	87	July 1-31, 1918: Cases, 302; deaths, 104.
Saigon.....	Oct. 7-Dec. 22.....	20	5	
Do.....	Dec. 30-Jan. 26.....	3	3	
Tonkin.....	July 1-Aug. 31.....	11	1	
Italy:				
Genoa.....	Jan. 9-31.....	2	1	
Palermo.....	Jan. 31-Feb. 20.....	2		
Japan:				
Kobe.....	Oct. 26-Dec. 28.....	186	46	
Do.....	Dec. 29-Feb. 15.....	231	54	
Taihoku.....	Jan. 15-Feb. 11.....	145	18	
Yokohama.....	Jan. 20-26.....	1		Island of Formosa.

April 11, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from Dec. 28, 1918, to Apr. 4, 1919—Continued.
SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
East Java.....				
Surabaya (district).....	Oct. 7-Dec. 31.....	16		Oct. 7-Dec. 31, 1918: Cases, 22; deaths, 1. Jan. 1-7, 1919: Cases, 1.
Do.....	Jan. 1-7.....	1		
Mid-Java.....				Sept. 25-Dec. 18, 1918: Cases, 172; deaths, 3.
West Java.....				Oct. 2-Dec. 11, 1918: Cases, 800; deaths, 263. Dec. 27, 1918-Jan. 23, 1919: Cases, 158; deaths, 41.
Batavia.....	Oct. 2-Dec. 11.....	185	151	
Do.....	Dec. 27-Jan. 23.....	34	23	
Manchuria:	Jan. 15-21.....	1		
Mesopotamia:				
Bagdad.....	Oct. 11-Dec. 27.....	308	97	
Do.....	Dec. 28-Jan. 10.....	3		
Mexico:				
Ciudad Juarez.....	Nov. 24-30.....	1		
Mexico Cty.....	Sept. 22-Dec. 28.....	23		
Do.....	Dec. 29-Mar. 8.....	10		
Vera Cruz.....	Feb. 10-16.....	2		
Newfoundland:				
St. Johns.....	Dec. 6-20.....	4		
Do.....	Dec. 28-Mar. 14.....	21		
Outports—				
Avondale.....	do.....	4		
Blaine Harbor.....	Dec. 14-20.....	2		
Bay of Islands.....	Jan. 11-17.....	6		
Do.....	Feb. 15-21.....	10		
Bay Roberts.....	Dec. 21-27.....	1		
Bonavista.....	Jan. 26-31.....	1		
Brigus Junction.....	Mar. 1-7.....	1		
Bryants Cove.....	Dec. 7-13.....	3		
Burin.....	do.....	4		
Coley's Point.....	Dec. 14-20.....	1		
Curling.....	Jan. 26-31.....	3		
Frenchmans Cove.....	Feb. 1-7.....	1		
Humbermouth.....	Mar. 15-21.....			Present.
Kings Cove.....	Jan. 18-Mar. 14.....	2		
Little Paradise.....	Feb. 9-14.....	1		
McIvers.....	Feb. 1-7.....	15		
Merasheen.....	do.....			Present.
Mervars Cove.....	Feb. 9-14.....	1		
Middle Arm.....	Feb. 1-7.....	40		Bay of Islands.
Morton's Harbor.....	Mar. 8-14.....	1		
Musgrave Harbor.....	Dec. 7-13.....	4		
Do.....	Jan. 11-17.....	6		Feb. 7, 1919: Present.
Paradise.....	Dec. 7-13.....	60		Placentia Bay.
Petitporte.....	Feb. 15-21.....	1		
Saddle Hill.....	do.....	1		Harbor Grace.
Sprindale.....	Feb. 15-Mar. 7.....	7		
St. Georges.....	Feb. 1-Mar. 14.....	26		
St. Jacques.....	Jan. 18-24.....	2		
Panama:				
Colon.....	Dec. 15-21.....	1		Aug. 1-31, 1918: Cases, 133, occurring at Colon, Panama, and points in the interior. Jan.
Do.....	Dec. 29-Feb. 9.....	8		1-25, 1919: Cases, 28.
Philippine Islands:				
Manila.....	Nov. 2-9.....	4	3	
Do.....	Dec. 29-Feb. 1.....	6	2	Varioloid, 9.
Portugal:				
Lisbon.....	Nov. 16-Dec. 28.....	843		
Portuguese East Africa:				
Lourenço Marques.....				July 1-Oct. 31, 1918: 45 fatal cases.
Siberia:				
Vladivostok.....	Nov. 1-3.....	4		
Do.....	Jan. 17-23.....		1	
Spain:				
Barcelona.....	Jan. 9-Feb. 11.....		5	
Bilbao.....	Jan. 1-31.....	1		
Cadiz.....	Oct. 1-Dec. 31.....	18		
Madrid.....	Sept. 1-Oct. 31.....	153		
Do.....	Jan. 1-31.....		58	
Seville.....	Nov. 1-Dec. 31.....		8	
Do.....	Jan. 1-31.....		3	
Valencia.....	Nov. 10-Dec. 21.....	40	9	
Do.....	Dec. 29-Jan. 25.....	93	10	
Straits Settlements:				
Penang.....	Oct. 6-12.....	1		
Union of South Africa:				
Cape Town.....	Aug. 1-30.....	1		
Johannesburg.....	Aug. 1-Oct. 31.....	12		Nov. 1-30, 1918: Cases, 4.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from Dec. 28, 1918, to Apr. 4, 1919—Continued.
TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	Nov. 1-30.....	1		
Austria-Hungary:				
Hungary.....	Sept. 2-8.....	2		
Brazil:				
Ceara.....	Sept. 14-21.....	1		
Rio de Janeiro.....	Dec. 15-22.....	2		
Do.....	Dec. 29-Jan. 25.....	3		
Sao Paulo.....	Jan. 13-19.....	3		
Bulgaria:				
Aeteven.....	Mar. 10.....			
Rustchuk.....	do.....			Present, Do.
China:				
Antung.....	Dec. 2-15.....	2		
Do.....	Jan. 6-12.....		1	
Chosen (Korea):				
Seoul.....	Jan. 1-31.....	2		
Colombia:				
Barranquilla.....	Nov. 8-Dec. 28.....		3	
Do.....	Jan. 5-25.....	2	2	
Egypt:				
Alexandria.....	Oct. 14-Dec. 31.....	85	36	
Do.....	Jan. 1-Feb. 11.....	45	23	
Germany:				
Breslau.....	Sept. 29-Oct. 19.....	12	8	
Koenigsberg.....	do.....	3	1	
Mosteliten.....	do.....	7	2	District of Allenstein.
Great Britain:				
Glasgow.....	Dec. 22-28.....	5		
Do.....	Jan. 5-Feb. 8.....	9	1	
Greece:				
Athens.....	Mar. 8.....	2	2	
Saloniki.....	Sept. 20-Dec. 21.....		34	
Do.....	Dec. 29-Feb. 15.....		78	
Japan:				
Nagasaki.....	Nov. 10-Dec. 29.....	13	4	
Do.....	Dec. 30-Feb. 23.....	19	4	
Java:				
East Java.....				Oct. 7-21, 1918: Cases, 5.
Surabaya.....	Oct. 7-21.....	4		
Mid-Java.....				Sept. 25-Oct. 16, 1918: Cases, 8.
West Java.....				Oct. 2-23: Cases, 31; deaths, 6.
Batavia.....	Oct. 2-23.....	15	4	
Macedonia:				
Drama.....	Mar. 17.....			Present.
Kavala.....	do.....	300		Estimated.
Mesopotamia:				
Hagdad.....	Oct. 5-Dec. 27.....	2		
Do.....	Dec. 28-Jan. 10.....	3		
Mexico:				
Arucascalientes.....	Feb. 2-23.....		3	
Guadalajara.....	Nov. 1-30.....	2		
Mexico City.....	Sept. 22-Dec. 28.....	434		
Do.....	Dec. 20-Mar. 8.....	209		
Netherlands:				
Amsterdam.....	Dec. 8-14.....	1		
Do.....	Jan. 12-18.....	4		
Rotterdam.....	Feb. 2-15.....	104	24	Jan. 30-Feb. 27, 1919: Cases, 462; deaths, 46.
Serbia:				
Belgrade.....	Feb. 5.....	62		Among soldiers and prisoners.
Siberia:				
Vladivostok.....	Sept. 1-Dec. 30.....	43		
Do.....	Jan. 17-30.....	6	1	
Spain:				
Huelva.....	Oct. 1-31.....		2	
Madrid.....	Dec. 1-31.....		1	
Union of South Africa:				
Port Elizabeth.....	Sept. 14-28.....			Present among natives in several interior towns.

April 11, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 28, 1918, to Apr. 4, 1919—Continued.

YELLOW FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Pernambuco.....	Oct. 1-Nov. 30....	2	1	
Colombia:				
Cartagena.....	Jan. 29-Feb. 4.....		4	
Ecuador:				
Babahoyo.....	Nov. 1-30.....	1		
Catarama.....	Feb. 1-15.....	1		
Chobo.....	Jan. 1-15.....	1		
Daule.....	...do.....	1	1	
Duran.....	Nov. 1-Dec. 31.....	3	2	
Do.....	Jan. 16-Feb. 15.....	3	1	
Guayaquil.....	July 1-Dec. 31.....	326	177	
Do.....	Jan. 1-Feb. 15.....	104	54	
Milagro.....	Nov. 1-15.....	1		
Do.....	Feb. 1-15.....	1		
Naranjal.....	Nov. 1-15.....	1	1	
Do.....	Jan. 1-15.....	1	1	
Naranjito.....	Nov. 1-15.....	1	1	
Do.....	Jan. 1-15.....	1	1	
Payo (Hacienda).....	Nov. 1-15.....	1		
Punta de Piedra.....	Nov. 1-30.....	1		
Salvador:				
San Salvador.....	Jan. 9.....	1		
On vessel:				
S. S. Jamaica.....	Jan. 30.....	1		At quarantine station, Canal Zone, Panama.